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FEDERATION OF MALAYA

REPORT
OF THE
MEDICAL DEPARTMENT
FOR THE YEAR
1952

By

DR. H. M. O. LESTER
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Director, Medical Services



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MALAY PENINSULA

SCALE OF MILES
10 50 10 20 30 40 50 60



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FOREWORD

The year 1952 showed a notable improvement in the general health of the population.

A significant feature was the increase in the birth rate from 43.6 per 1,000 in 1951 to 44.4 per 1,000 in 1952; against this the death rate shows an appreciable decrease from 15.3 per 1,000 in 1951 to 13.6 per 1,000 in 1952. There was also a decline in infant mortality from 97 per 1,000 in 1951 to 90 per 1,000 live births in 1952.

Staff at Medical Headquarters was expanded by the addition of two Assistant Directors and one Grade "A" Medical Officer (Supernumerary) was posted to Police Headquarters so as to secure proper liaison between the Medical Services and the Police.

Increased emphasis was focussed on rural health work as a result of which Government has now agreed to construct two rural health centres to be used as training schools and plans to build 25 rural health centres throughout the Federation are in progress.

Of the two principal diseases featuring in this country in previous years and which accounted for an increase in the death roll, namely, Malaria and Tuberculosis, the number of deaths resulting from the former shows a marked decrease while the position in relation to Tuberculosis continues to show gradual improvement.

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FEDERATION OF MALAYA

REPORT OF THE MEDICAL DEPARTMENT FOR THE YEAR 1952

PART I

(1)—CLIMATE, AREA AND POPULATION

1. CLIMATE.—The climate of Malaya is fairly healthy but the principal features are copious rainfall, high humidity and a uniformity of temperature which rarely varies during the day more than fifteen degrees. The average annual rainfall is approximately 100 inches.

2. AREA.—The territories comprising the Federation of Malaya are situated in the Southern Section of the Kra Peninsula between latitude 1° and 7° North and longitude 100° and 105° East. The coastline of Malaya extends over 1,000 miles and no part of it is more than 100 miles from the sea. The area of the States and Settlements is shown below:

Kedah	...	...	...	3,648	sq. miles
Perlis	...	...	...	310	"
Penang	...	...	...	110	"
Province Wellesley	...	...	...	290	"
Perak	...	...	...	7,980	"
Selangor	...	...	...	3,160	"
Negri Sembilan	...	...	...	2,580	"
Malacca	...	...	...	640	"
Johore	...	...	...	7,878	"
Kelantan	...	...	...	5,870	"
Trengganu	...	...	...	5,000	"
Pahang	...	...	...	13,820	"
Total Federation of Malaya	...		51,286		"

3. POPULATION.—The estimated mid-year population of the Federation was 5,506,447, comprising Malaysians 2,716,899, Chinese 2,092,218, Indians 617,257 and others 80,073. This total shows an increase of 169,225 persons over the mid-year figure for 1951.

By States and Settlements, the estimated mid-year population is as follows:

States/ Settlements.	Estimated population mid-year 1950	Estimated population mid-year 1951	Estimated population mid-year 1952
Kedah	589,200	602,278	622,506
Perlis	74,887	76,315	78,506
Penang and Province Wellesley	473,227	481,748	495,069
Perak	1,018,603	1,041,861	1,076,454
Selangor	764,282	783,545	811,757
Negri Sembilan	288,548	296,483	307,767
Malacca	258,508	263,953	272,820
Johore	797,942	817,121	843,668
Kelantan	464,313	470,523	481,562
Trengganu	233,171	236,335	242,889
Pahang	263,868	267,060	273,449
Total Federation	5,226,549	5,337,222	5,506,447

(2)—ADMINISTRATION

4. ORGANISATION.—Public health organisation follows the general pattern of the administration in the Federation. Medical Headquarters, consisting of the Director of Medical Services, the Deputy Director, three Assistant Directors and other staff Officers, is responsible to the Member for Health. Medical Headquarters is directly responsible for staff and for certain Federal institutions and activities. Each State and Settlement has its own medical administration. While the State and Settlement Governments are in executive control of their own medical services the Member for Health has considerable influence on all these services through the advisory and co-ordinating functions of Medical Headquarters.

Control of sanitation in the towns and villages over the Federation is in the hands of local authorities which, in the case of the largest towns, e.g., Penang, Kuala Lumpur and Malacca, are Municipal Councils, and in the case of other towns are Town Boards. Some of these are elected bodies, with an official chairman, others are appointed bodies, but in each case a health officer either employed independently by the municipality or a member of the medical department advises the chairman on all health measures under his jurisdiction. In rural areas, the district health officer, in the absence of any local authority, advises the district officer on health problems.

The health of labour forces on estates and mines is under the care of Estate Medical Practitioners but the Government Health Department exercises supervision under the Labour Code. Most of the labour forces on estates have now been regrouped due to the activities of Communist terrorists.

The staff employed throughout the Federation on public health work, exclusive of Municipalities, Town Boards and estates, which have their own health staff, is made up as follows:

Medical Officers of Health	...	...	...	35
Health Inspectors or Sanitary Inspectors	...	...	...	134
Public Health Sisters	...	...	...	25
Public Health Nurses	...	...	...	107

5. EXPENDITURE ON MEDICAL AND HEALTH SERVICES.—The total actual expenditure incurred by Government on medical and health services was \$44,079,079.17 made up as follows:

Federal	...	...	...	\$12,691,820.00
State/ Settlement	...	...	...	31,387,259.17
			Total	\$44,079,079.17

This figure does not take into account the vast amounts expended on projects relating to anti-malarial drainage and water supplies undertaken by the Public Works Department and Municipal Health agencies which maintain public health covering a wide area. In addition mention must be made also of estates which run their own hospitals, undertake anti-malaria schemes and maintain their own medical practitioner service. Nor does it take into account the funds spent by the Public Works Department on buildings for the Medical Department. Expenditure on the emergency medical services in the new villages, paid for from funds administered by the Member for Health, are also not included.

6. STAFF.—Since the war the health position in the Federation has been complicated by a number of factors: (a) The need for making good deficiencies which occurred during the period of Japanese occupation, (b) The emergency and the re-settlement of half a million Chinese squatters in newly constructed villages, (c) Constitutional changes resulting from the Federal Agreement, (d) Acute shortage of expatriate officers, (e) Acute shortage of all categories of locally recruited staff and (f) Expansion of the specialist services.

Recruitment to the service had, since the war, been affected by a number of factors such as (a) inadequate salary as compared with the earnings in private practice (b) lack of specialist facilities causing the younger officer interested in following a specialty to be discontented (c) the emergency, it is believed, at the early stages, affected the recruitment of officers from outside Malaya (d) Political changes, including the building up of the Unified Health Service, contributed to uncertainty. As a result of these factors staff in the Service were overworked, and this apart from the other conditions caused a certain amount of discontent. During the year under review however, the majority of these conditions had begun to right themselves and this service in consequence became more attractive. The salary scales, as a result of the Trusted and Benham schemes, and with consolidation of part of the cost of living allowances, and increased expatriation allowance, had made the conditions more attractive for both expatriate and local officers. There were an increasing number of specialist posts available and specialism had been made more attractive financially by the operation of the Fees (Public Officers) Regulations, 1951. So much so in fact that it was becoming increasingly difficult to attract officers to health work. The emergency while still acute, had however begun to come under control—thanks to the vigorous policy of resettlement, food control and to the considerable raising of the morale of the population. The Unified Health Service had become an accomplished fact, and while a starred and daggered scheme although not officially accepted, had in fact come into practice, when promotions were being considered, conditions for local officers had improved so much, that the drift to private practice had definitely been checked. The result of the operation of these factors was, then, a marked improvement in recruitment and more locally-qualified officers joined the service, the flow of expatriate officers grew and in addition, which factor, was probably the predominant one, the Government gave permission to recruit on contract doctors from India mainly who were not Federal citizens, and by the end of the year 47 of these officers had been recruited. At the end of the year the staffing position can be summarised as follows: Of the 94 Superscale Administrative and Specialist posts 45 were filled and 49 were vacant, while of the 245 timescale posts 140 were filled and 105 were vacant. Of the 105 vacant posts 88 were held by temporary officers on agreement and on month to month basis. Details of establishment can be found in Appendix (Table 15).

Considering the size of the Service the staff of Medical Headquarters was inadequate to keep the office in close touch with the various State Medical Services and with Federal Institutions throughout the country. There seemed to be an increasing tendency for the Medical Services of the Federation to be split

up into ten almost separate services. In order to secure a closer co-ordination of all services and a common medical policy it was found necessary to increase the establishment of Medical Headquarters by the appointment of two additional Assistant Directors. Each Assistant Director now has his own portfolio. The A.D.M.S. (Health) deals with urban health and the prevention of disease, legislation, etc., the A.D.M.S. (Hospitals) with hospitals, nurses, etc., and the A.D.M.S. (Rural Health) with all the various rural health activities including the expanding medical services in the new villages. An additional Grade "A" Medical Officer has been posted to secure proper liaison between the Medical Services and the Police with a view to meeting the special medical requirements of the Police Force which has had to be tremendously increased because of the emergency.

These additional officers have to spend a great deal of their time on tour. They maintain very close link between Headquarters Office, the members of the State and Settlement Medical Services and the State and Settlement authorities. This change is obviously for the good of the whole Service in that it helps to knit the Medical Services into one corporate whole with the resulting improvement of planning.

The following re-organisation of staff was effected at the Medical Headquarters :

Dr. H. M. O. Lester, O.B.E., assumed duty as the Director of Medical Services, Federation of Malaya, with effect from 16th March, 1952.

Dr. R. D. Gross relinquished from the post of Acting Director of Medical Services, Federation of Malaya, with effect from 15th March, 1952.

Dr. T. F. Strang, Assistant Director of Medical Services, Federation of Malaya, was transferred to Singapore on 24th October, 1952.

Dr. R. E. Anderson assumed duty as Assistant Director of Medical Services (Health) on 14th October, 1952.

Dr. E. D. B. Wolfe assumed duty as Assistant Director of Medical Services (Rural Health), with effect from 7th November, 1952.

Dr. J. E. McMahon assumed duty as Assistant Director of Medical Services (Hospitals), with effect from 10th November, 1952.

Dr. A. J. Leslie-Spinks assumed duty as Acting Supernumerary Administrative Medical Officer, Grade "A" (Police), with effect from 16th October, 1952.

7. LEGISLATION.—The following major legislations affecting the Medical Department were passed during the year :

- (1) The Sale of Food and Drugs Ordinance, 1952 (No. 28 of 1952).
- (2) The Poisons Ordinance, 1952 (No. 29 of 1952).
- (3) The Dangerous Drugs Ordinance, 1952 (No. 30 of 1952).
- (4) The Mental Disorders Ordinance, 1952 (No. 31 of 1952).
- (5) The Medical Registration Ordinance, 1952 (No. 69 of 1952).

The first four of the above consolidated a mass of existing enactments of local application and established uniform and up-to-date standards throughout the Federation. The work of consolidating health legislation will be completed early in 1953 with the enactment of the Quarantine and Prevention of Diseases Bill and the Midwives Ordinance now in draft.

The fifth Ordinance above which will be brought into force on 1st January, 1953, together with the Nurses Registration Ordinance, 1950 and the Midwives Ordinance (now in draft), the Registration of Pharmacists Ordinance, 1951, and the Registration of Dentists Ordinance, 1948, apart from making possible reciprocity of registration between the Federation and the United Kingdom, introduces the principle of compulsory internship and provisional registration as promulgated in the Medical Act, 1950.

PART II

PUBLIC HEALTH—(1) VITAL STATISTICS

8. The Vital Statistics for the year 1952 show a steady improvement in the health of the population. The foregoing figures compare very favourably with comparable statistics from the neighbouring large land masses and indicate that a great deal of progress has been made in public health.

9. POPULATION.—The estimated population of the Federation at mid-year 1952 was 5,506,447. Details are given earlier in the report (para. 3).

10. BIRTHS AND DEATHS—*Births.*—The number of live births registered in 1952 was 244,624 which is 11,728 more than the number recorded in 1951, which was 232,896.

The birth rate for all races for 1952 was 44.4 per 1,000 population as at mid-year 1952, which is higher than the rate (43.6) for 1951.

By races the birth rates were:

					1951 Rates
Malaysians	...	...	46.1	per 1,000	44.9
Chinese	...	...	42.5	„	41.9
Indians and Pakistanis	...	45.2	„	...	45.5
Others	...	31.7	„	...	30.8

DEATHS.—Deaths registered in 1952 were 75,020 which is 6,610 less than recorded for 1951 (81,630). The death rate for all races was 13.6 per 1,000 population as at mid-year 1952. This is lower than the rate (15.3) for 1951. The death rates for 1947, 1948, 1949 and 1950 were 19.4, 16.2, 14.2 and 15.8 respectively.

The death rates by races were:

					1951 Rates
Malaysians	...	...	15.4	per 1,000	17.3
Chinese	...	...	11.6	„	13.4
Indians and Pakistanis	...	12.8	„	...	13.3
Others	...	9.7	„	...	11.2

11. INCREASE OF POPULATION.—The births registered exceeded the deaths by 169,604 and therefore the "natural" increase amounted to 3.2 per cent. of the estimated mid-year population, whereas in England and Wales with an estimated mid-year population of 43,940,000 the figure is only .4 per cent. resulting from a "natural" increase of 176,269 during the corresponding period.

12. INFANT MORTALITY.—The deaths of infants under 1 year numbered 22,026 out of 75,020 deaths at all ages. There were 244,624 live births, and the infant mortality rate was 90 per 1,000 live births. The corresponding figures for 1951 were 22,663 under 1 year out of 81,630 with an infantile mortality rate of 97.

The racial distribution of infantile mortality is as follows: (The corresponding figures are shown in brackets).

Races	Infant Deaths	Births	Monthly average Infant Deaths
Malaysians	12,697 (12,743)	125,208 (118,256)	1,058 (1,062)
Chinese	6,201 (7,029)	88,974 (85,629)	517 (586)
Indians and Pakistanis ..	3,032 (2,785)	27,902 (26,680)	253 (232)
Others	96 (106)	2,540 (2,331)	8 (9)

An analysis of the infantile mortality shows that an increase in the proportion of deaths has only occurred among the Indians and Pakistanis.

13. MATERNAL MORTALITY.—The number of maternal deaths registered was 1,272 for 244,624 births as compared with 1,327 for 232,896 births in 1951. This gave a maternal death rate of 5.2 per 1,000 births, and the figure for 1951 was 5.7 per 1,000 births.

14. PRINCIPAL CAUSES OF DEATH.—Out of a total of 75,020 deaths only 20,663 (about 28 per cent.) have been certified by a medical man. It may, therefore, be expected that the classification is far from accurate. "Fever of unknown origin" and "infantile convulsions" account for 16,044 and 11,954 deaths respectively.

The other principal causes are given below: (1951 figures in brackets).

(a) Malaria (all forms) ...	...	...	1,256	(912)
(b) Pulmonary Tuberculosis	...	...	2,252	(2,873)
(c) Pneumonias ...	...	...	2,474	(2,703)
(d) Premature births	...	...	1,679	(2,328)
(e) Violence	...	...	3,497	(3,667)

PUBLIC HEALTH—(2)—SPECIAL DISEASES

15. The main public health problems of the Federation of Malaya, are the prevention of malaria, reduction in pulmonary tuberculosis, eradication of yaws, and the prevention of the major infectious diseases. Leprosy and mental disease present special problems, while the amount of malnutrition has not been properly assessed. In fact there is a great need throughout the Federation for the assessment of our disease problems by survey, for, until the extent of the problem is known, the question of its seriousness and the manner of dealing with it, cannot be properly determined.

16. MALARIA.—The incidence of malaria during the year shows a decrease. In 1951 there was a small increase, but it is uncertain whether this was due to a real overall increase in malaria or whether it was caused by the closer contact in the new villages between Government Services and sections of the population which previously had no medical facilities.

The decrease in the incidence of malaria must be due in part to the widespread use of prophylactic drugs and to the increasing use of D.D.T. both for house spraying and as a larvicide.

The number of malaria cases (including unspecified) treated in Government Hospitals was 16,041 with 260 deaths as compared with 18,325 and 353 deaths in 1951.

17. THE MALARIA ADVISORY BOARD.—The constitution of the Board is as follows:

Six Permanent Members (Medical) The Director of Medical Services (*Chairman*).

The Director, Institute for Medical Research (*Vice-Chairman*).

The Senior Malaria Research Officer.

The Entomologist, Institute for Medical Research.

The Senior Medical Officer, Military Forces.

The Principal Medical Officer, Royal Air Force.

Five Permanent Members representing Government Departments Representing:
Railways,
Public Works,
Drainage and Irrigation,
Education,
Agriculture.

Members nominated by His Excellency the High Commissioner.

Five Medical Officers in the Public Service appointed by name Government Medical Officers with experience of anti-malarial work.

Five Medical Practitioners not in the Public Service These are all Estate Medical Practitioners with anti-malarial experience.

Two representatives of Planting Interests nominated after consultation with the United Planting Association of Malaya One Asian and one European Planters' Representative.

One member nominated to represent labour interests.

Four other nominated (One is an Administrative Officer and three are medical men).

During the year Dr. S. C. Howard, who first joined the Board more than 23 years ago, went on retirement to England.

The Board records with deep regret the deaths of Dr. J. G. Read and Dr. Tan Seng Tee.

In addition to members, the following guests were present at the meetings: Dr. C. J. Hackett, Wellcome Museum of Medical Science, London; Sg. Commander C. V. Harris, R.N.; Col. W. A. Drummond, C.B.E., A.D.M.S., Malaya, Capt. C. E. Shearman,

R.A.M.C.; Group Captain W. P. Stamm, R.A.F.; Professor J. H. Strahan and Dr. W. E. Nicholas, Department of Social Medicine and Public Health, University of Malaya; Dr. H. R. Morrison and Dr. J. Cameron, City Health Officer, Singapore; Dr. J. F. B. Edeson, Malaria Research Officer, Mr. R. H. Wharton, Entomologist and Dr. L. H. Turner, Filariasis Research, Institute for Medical Research.

Meetings of the Board were held on 26th April and 12th December, 1952.

18. REVIEW OF LOCAL MALARIA.—From 1947 to 1950, malaria admissions to hospital for the Federation as a whole declined steadily; in 1951 they increased to a level still well below the 1947 mark, but higher than in any of the intervening years. The reasons for this increase remained obscure, in 1952 the level of malaria admissions receded again to just below the 1949 level. The decrease was most marked in Kedah, Negri Sembilan, Johore and Trengganu, four other States showed a slight increase.

The case mortality rate of malaria patients admitted to hospital has fallen steadily each year, from 3.3 per cent. in 1947 to 1.4 per cent. in 1952. Blackwater fever remains rare.

19. PALUDRINE.—The growth of paludrine-resistant malaria has occupied the attention of the Board. This resistance was first detected about the end of 1948 when an increasing number of cases of *falciparum* malaria treated by the Institute for Medical Research in the Tampin Hospital failed to respond to single dose treatment with the drug. At that time Paludrine had been under trial for about two years, and up till then single dose treatment, even with as little as 100 mg. had been very successful. By 1950 many *falciparum* infections were failing to respond to full courses of treatment with paludrine and by 1952 resistance had been reported from many parts of the country, and cases of resistant *vivax* malaria had been encountered. Experiments made in Nairobi during 1952 with a paludrine resistant-strain of *falciparum* sent from Malaya, showed that resistance survives mosquito transmission. This agrees with evidence from Malaya suggesting that some mosquito transmission of resistant strains is now occurring.

Despite this evidence of the growth of resistance, paludrine is still a most valuable suppressive drug, widely used all over the country to protect estate populations and the security forces from malaria. It is important therefore to take all practical steps to check the growth of resistance and safeguard the value of paludrine. In November Sir Neil Hamilton-Fairley, Adviser on Malaria to the Army, visited Malaya in company with Dr. D. G. Davey, one of the discoverers of paludrine, to discuss this problem. The Board proposes to issue a fresh circular on paludrine with particular emphasis on the need to try and check the further spread of resistance.

The measures advocated are to:

- (i) tighten up suppressive discipline so as to try and prevent irregular dosage which has probably been the main factor in the growth of resistance,
- (ii) treat acute malaria with some other drug,
- (iii) change to some other drug for suppression if malaria is occurring despite regular suppressive paludrine.

20. **DARAPRIM.**—Dr. J. F. B. Edeson described the results of trials with Daraprim for the treatment of acute malaria. In a series of 80 cases of *falciparum* malaria with moderate parasitaemia treated with Daraprim, there were 13 failures. In a similar series of 25 cases treated with Nivaquine (chloroquine) there were no failures and fever abated more rapidly. In a smaller series of *vivax* cases given Daraprim there were no failures but the response was slow. White cell counts fell to a low level in a number of patients given a five-day course of Daraprim, a possible toxic effect of the drug which is being investigated further.

21. **RURAL MALARIA CONTROL.**—The three-year experiment conducted by the Institute for Medical Research with assistance from Colonial Development and Welfare Funds, ceased at the end of 1952. Control in the experimental valleys is being continued by the Negri Sembilan Government by house spraying with DDT emulsion. The experiments showed that malaria in rural areas transmitted by *Anopheles maculatus* can be much reduced, though not eradicated, by house spraying once in six months with DDT (200 mg. per sq. ft.) or Gammexane (40 mg. gamma per sq. ft.), or by suppressive paludrine 100 mg. (one tablet) weekly.

For practical purposes house spraying with a residual insecticide is the method of choice. In these experiments DDT gave slightly better results than Gammexane but where the cost of more frequent applications is not an objection, as perhaps on estates, Gammexane should give as good or better results than DDT. Gammexane causes a higher initial mortality in *A. maculatus* than DDT, though it loses toxicity more rapidly.

Although house spraying with DDT and Gammexane reduced malaria and the numbers of the vector, neither malaria nor the vector were eradicated. Infants born in the areas continued to become infected showing that transmission was still going on, though at a reduced rate, and *A. maculatus* continued to be caught in small numbers. Since this mosquito rests out-of-doors and feeds freely on cattle it is not, as a species, very vulnerable to insecticides, though individual specimens coming in contact with DDT or Gammexane are readily killed. From the point of view of malaria control policy the conclusion seems to be that residual insecticides offer a valuable and certainly the most practical method of combating rural malaria carried by *A. maculatus*, but that contrary to experience in some other countries, dramatic results are unlikely. Since other Malayan vectors of malaria are generally less readily killed by DDT or Gammexane than is *maculatus*, and their habits are roughly similar, one can scarcely hope for better results against these species.

22. **PLAQUE AND CHOLERA.**—No cases of plague or cholera occurred in 1952.

23. **SMALLPOX.**—Two cases of smallpox were recorded in the Federation during the year. One imported case which arrived in the Federation through Singapore was reported from the Military Hospital, Kamunting and the other was a local patient without an obvious source of contact. Preventive measures were carried in the respective State to prevent any outbreak.

Total number of vaccinations performed during the year amounted to 305,716. Out of these 53,149 were re-vaccinations for International Certificates.

24. TROPICAL TYPHUS.—Although this disease is still prevalent in the Federation cases occur sporadically throughout. Four hundred and sixty-three cases were recorded during the year, out of which 346 were scrub typhus and 117 urban typhus. There were only 8 deaths—giving a case mortality rate of 1.8 per cent. as against 2.1 per cent. in 1951.

25. ENTERIC FEVER.—Enteric fever is an endemic disease in the Federation of Malaya. There has been no major outbreak in any particular area but cases have occurred sporadically throughout the country.

The total number of cases reported was 770 with 70 deaths as against 1,064 with 136 deaths in 1951. The case-mortality rate was 9.1 per cent. as against 12.7 per cent. in 1951.

26. DYSENTERY AND DIARRHŒA.—Dysentery and diarrhœa are not notifiable diseases. Hospital statistics show admissions as 7,473 with 1,103 deaths as against 7,185 cases with 957 deaths in 1951.

27. DIPHTHERIA.—One thousand four hundred and ninety-six cases of diphtheria occurred with 253 deaths. During the early part of the year a mild epidemic was reported in George Town and rural Penang. Anti-diphtheria immunisation with A.P.T. was carried out in all schools in the Municipal area and Ayer Itam and the outbreak was brought under control.

28. CEREBRO-SPINAL MENINGITIS.—Thirteen cases of cerebro-spinal meningitis were reported during the year with 12 deaths. There was no epidemic in any particular area and cases were distributed in eight out of the eleven States/ Settlements.

29. POLIOMYELITIS.—There was a slight decline in Poliomyelitis during 1952. One hundred and twenty-six cases with 14 deaths were recorded during the year as compared with 199 cases and 21 deaths in the previous year.

The greatest number of cases recorded was in the State of Selangor with 57 cases.

30. YAWS.—Although there are still significant number of cases of yaws among the Malay population in some areas of the Eastern States yaws is not the serious problem in Malaya that it is in many other tropical countries. Arrangements have been made for a World Health Organisation expert to visit the Federation with a view to discovering whether the incidence of yaws is sufficiently great to warrant a special survey and mass treatment campaign.

The total number of cases treated during the year was 40,922.

31. PULMONARY TUBERCULOSIS.—The position with regard to tuberculosis continues to improve slowly. The admissions to Government hospitals for pulmonary tuberculosis were 5,492 with 1,326 deaths as compared with 5,933 admissions with 1,740 deaths in 1951. The total deaths from tuberculosis registered with the Registrar-General were 2,252 as compared with 2,873 for 1951.

By the end of 1952 the Federation had 3,085 beds available for the hospital treatment of tuberculosis. The trouble is that too high a proportion of beds, badly needed for treatable cases are occupied by chronic patients. The problem of pulmonary tuberculosis is particularly serious in Malaya in that the warm and humid climate is conducive to spread. The local type of disease tends to be more acute than the form common in Northern Europe, and the low standard of nutrition and gross overcrowding reduce the resistance of the population.

Hospital authorities are now keeping a tighter control over the type of tuberculosis patients admitted. As far as is possible only treatable, cases will be admitted to the general hospitals in future. It is realised that it will be necessary to supplement hospital treatment by the establishment of a number of tuberculosis clinics. Plans are being prepared to provide such clinics as part of the development scheme for rural health centres. These clinics would concentrate on propaganda for the prevention of the disease, the tracing of treatable cases suitable for admission to hospitals and out-patient and domiciliary care of chronic cases.

32. The modern out-patient clinic at Malacca with its own-X-ray department and laboratory continues to play an increasing part in the treatment of this disease. When the clinic was first started in November, 1947, the objects were two fold :

- (i) For routine treatment of tuberculosis patients from the Settlement of Malacca.
- (ii) The use of major thoracic surgery to bring about the healing in those cases in which it was indicated not only for Malacca residents but also for patients from other hospitals throughout the Federation.

The former has been achieved to some extent but the latter has not, due to lack of staff. Thoracic surgery for which there is an ever increasing demand throughout the Federation must be based on team work and the foundations of such a team are the anæsthetist, the thoracic surgeon and a sister trained in this work whose chief duties are post-operative care of such patients : unless this after-care is meticulous a technically successful operation may end in a death.

Streptomycin with P.A.S. have continued to give good results when used in carefully selected cases. It is not given to good chronics, as has been suggested by Professor Heaf unless there are definite indications for its use such as an acute exudative "flare up" or new spreads to other parts of the lungs.

Isonicotinic Hydrazide is undoubtedly most efficacious and since it is able to attack M. Tuberculosis intracellularly (which streptomycin is unable to do) this drug is in that respect even better than streptomycin.

Unfortunately, the tubercle bacillus develops resistance early in the course of treatment with INH and it is given in combination with PAS in the hope that the latter drug will delay the emergence of resistance. From the few trials made it would appear that a combination of streptomycin and I.N.H. is the best method yet available in antibiotic treatment.

33. The Tuberculosis Settlement at Pulau Jerejak has been extended to provide accommodation for 600 cases. A resident medical officer is in charge of the Settlement and another medical officer who is in charge of the Leper Camp does part-time work here.

A waiting list for admission of cases to this hospital is maintained by the chest clinic in the General Hospital, Penang. Chronic quiescent cases for whom a period of rest under medical supervision is necessary are usually admitted, but this is not always possible due to lack of beds in the General Hospital, Penang. At present many advanced cases for whom no treatment is of any use and about 50 per cent requiring active treatment have been admitted into the Settlement. Most of the cases are suffering from bilateral Pulmonary Tuberculosis. The main problem which faces us is the discharged cases which turn up for check up once a month at the General Hospital clinics. Their resettlement in life is not easy. They invariably go back to their old jobs and live again under the same environment which had once precipitated their disease. Their breakdown is only a question of time.

During 1952 the members of the British Red Cross Society visiting the hospital once weekly helped these patients in occupational therapy.

34. B.C.G. VACCINATION.—Early in 1951 B.C.G. Vaccination was inaugurated under the guidance of a Danish Team and is undoubtedly the greatest advance yet made towards the ultimate control of Tuberculosis. There has been practically no opposition from the public and the vaccinations done are merely limited by the trained staff available.

During 1952, 272,310 persons were tested with tuberculin and 130,749 were vaccinated with B.C.G. In addition 13,467 new born babies were also vaccinated.

35. LEPROSY.—The general health of the inmates of the Leper Institutions is good. The majority of cases are under treatment with sulphone preparations. The total number of patients in the four settlements in the Federation is now 3,161.

A report of the work of the Leper Settlements is given in a later section (paras. 91-96).

36. VENEREAL DISEASES.—The incidence of venereal diseases continues to fall in the Federation, as will be seen from the following comparative figures for new cases attending at Government Hospitals and Special Clinics.

	New Cases	1951	1952
Syphilis	... ... ...	7,589	... 6,997
Gonorrhœa	... ...	4,758	... 4,306
Other Venereal Diseases	2,009	... 1,532	
		—————	—————
Total	... 14,356	... 12,835	
		—————	—————

A detailed Return of Venereal Diseases treated in Government Hospitals and Clinics, showing diagnosis and distribution by race and sex is included in Appendix (Table 12).

PUBLIC HEALTH (3)—NUTRITION

37. Owing to the absence of the Senior Nutrition Officer such work as the remaining staff of the division of nutrition in the Institute for Medical Research have been able to do has been under the temporary control of the Senior Biochemist.

On the whole there is no marked nutritional deficiency in the Federation, but in some areas school feeding schemes are still in action. Under the aegis of the medical or education department the distribution of skimmed milk powder to schools has been undertaken.

Propaganda still plays a great part in educating the rural population in the value of taking nutritious foods. Wax models of Malayan fruits are also exhibited at the Welfare Clinics where cooking of local foods for the child during the weaning period is demonstrated.

PUBLIC HEALTH (4)—ESTATES, MINES, RAILWAYS AND QUARANTINE

38. **HEALTH ON ESTATES.**—The health of the estate labourers in general has been quite satisfactory. The majority of the estates have rebuilding programmes under way. Many estates have made good progress in these schemes, demolishing the old type of labourers lines, and replacing these by more modern structures.

Many estates, under Labour Legislation suitably control malaria by anti-larval or chemo-prophylactic measures or by anti-adult spraying for the protection of their labour forces.

39. **ESTATE HOSPITALS.**—The following table is a summary of the provision made by employers for the treatment of sick labourers and their dependants on estates:

States/ Settlements	No. of Estate Hospitals	No. of Beds	All Diseases		Malaria	
			Admissions	Deaths	Admissions	Deaths
Kedah	13	1,087	19,087	423	2,398	22
Perlis	—	—	—	—	—	—
Penang and P. Wellesley ..	3	205	1,690	21	12	—
Perak	28	1,305	16,840	356	402	4
Selangor	29	1,280	19,787	513	542	2
Negri Sembilan	17	919	12,254	430	566	1
Malacca	21	206	3,258	52	97	2
Johore	13	462	5,448	78	269	5
Kelantan	4	82	1,806	39	216	2
Trengganu	1	50	844	18	182	3
Pahang	4	172	2,144	20	117	1
Total ..	133	5,768	83,158	1,950	4,801	42

The following table is a summary of the statistics relating to mortality amongst labourers on estates:

	Population	All Diseases		Malaria	
		Deaths	Death rate per mille	Deaths	Death rate per mille
Labourers and Dependents—					
All Nationalities	450,240	3,712	8.24	62	.14
Labourers only—					
All Nationalities	278,005	1,085	3.90	28	.10
Labourers and Dependents—					
Indians	258,723	2,765	10.69	33	.13
Labourers only—					
Indians	154,058	710	4.61	17	.11

40. The low incidence of disease and the low mortality amongst labourers on estates is now taken as a matter of course. It is interesting to look back and examine the conditions that existed only 30 to 40 years ago. The table below shows the comparison:

ESTATE MORTALITY RATES

F.M.S.		Total Number of Estate Labourers		Deaths		Death rate per mille
1911	...	143,614	...	9,040	...	62.9
1912	...	171,968	...	7,054	...	41.02
1913	...	182,937	...	5,592	...	29.6
1914	...	176,226	...	4,635	...	26.3
1915	...	169,100	...	2,839	...	16.78
1918	...	213,425	...	9,081	...	42.55
(Influenza Epidemic)						
1919	...	216,573	...	3,384	...	16.16
1920	...	235,156	...	4,367	...	18.57
1921	...	175,649	...	3,195	...	18.19
Federation of Malaya						
1949	...	351,968	...	940	...	2.7
1950	...	269,685	...	779	...	2.89
1951	...	258,953	...	1,292	...	4.99
1952	...	278,005	...	1,085	...	3.90

41. **HEALTH ON MINES.**—The Pahang Consolidated Mines has its own hospital and medical officer who treats the sick and advises the General Manager on health and sanitation. Few mines, however, have the highly organised health services which are a feature of the estates. With the emergency too, there has been a concentration of mining labour in new villages, and the impact of this organisation and its effect has yet to be seen.

42. **RAILWAY SANITATION.**—The Health Department, Malayan Railway, is under the charge of a health officer seconded from the Government Medical Service. It provides medical facilities for Railway Staff and their dependants at places where medical department facilities are not readily available, namely at wayside stations and all the gang lines. It is also responsible for preventive measures against malaria throughout the railway system. The health officer advises the Railway Department on matters involving questions of public health.

Preventive measures adopted consist of oiling of drains by the spray and brush methods, disinsectisation of quarters with DDT and prophylactic treatment of staff and their dependants, particularly permanent way and construction staff in outlying and isolated areas. The efficiency of these measures was controlled by frequent larval surveys held in conjunction with Town Board Anti-Malarial Departments.

Dispensaries under the charge of Hospital Assistants were maintained at the following places: Alor Star, Prai, Ipoh, Kuala Lumpur, Sentul Works, Seremban, Gemas, Johore Bahru, Krai, Bertam, Kemubu, Gua Musang and Kuala Lipis. Total number of attendances of railway staff and their dependants at these dispensaries were 74,831.

There were no cases of major infectious diseases during the year. A total number of 4,105 passengers crossing the Thai frontier at Padang Besar were vaccinated.

First aid equipment on passenger trains were replenished immediately after use and at stations and workshops were inspected each month and replenished as necessary.

First aid courses of instruction based on the St. John Ambulance Handbook was attended by 186 employees of whom 131 passed the examination held on completion of the courses.

PORT HEALTH WORK

43. Port Health work and quarantine are Federal functions. These are particularly important because of the number of immigrant ships carrying deck passengers and pilgrim ships which arrive from infected ports in Asia. All deck passengers are medically examined on arrival and are then re-vaccinated and quarantined until the results of their re-vaccination are available.

A new Bill to consolidate and bring up to date the legislation on quarantine and the prevention of disease is in preparation.

The Quarantine Station at Port Swettenham is not in use and quarantine of immigrants is carried at Pulau Jerejak, Penang.

During the period under review one hundred and twenty one immigrant ships from India, seventy seven from China, five pilgrim ships from Jeddah and sixty one from other infected ports arrived carrying a total of 87,154 saloon and deck passengers.

No dangerous infectious diseases were detected among the passengers on board.

44. QUARANTINE STATION.—The Quarantine Station at Pulau Jerejak which ceased to function at the end of July, 1948 to be used as a Detention Camp under the supervision of the Prisons Department, was returned to the Medical Department on the 1st October, 1951, but the actual quarantine of deck passengers started only on the 4th of April, 1952. From that date till the end of the period under review, 21,122 deck passengers were quarantined. Two cases of chickenpox and one case of measles were treated in the station but there was no case of dangerous infectious disease.

There is no resident Medical Officer but one Medical Officer and one Lay Superintendent from the Leper Settlement are doing part-time work in the station. This is unsatisfactory owing to the need for a resident Medical Officer to be on call day and night when there are inmates in the station.

VACCINATIONS AND INOCULATIONS PERFORMED AT THE PORT HEALTH OFFICE, PENANG.—During the period 29,131 vaccinations and 8,660 inoculations were performed. Out of the total number of the vaccinations performed, 125 were primary vaccinations and 29,006 were re-vaccinations for purposes of International Certificates (Medl: 41) and admissions to schools.

Inspection of ships.—Sixty-four ships were inspected for rats for the purpose of issuing Deratation Exemption Certificates. All, except five, were clean and certificates were issued.

Outgoing Pilgrim Ships.—Three pilgrim ships left the port consecutively on the 17th May, 22nd June and 1st August with a total of 5,689 pilgrims.

No pilgrim was found suffering from any contagious or infectious disease. The striking feature was the good physical condition of the pilgrims as compared with those of the previous years. Every pilgrim was in possession of a valid International Certificate of Vaccination and Inoculation.

Incoming Pilgrim Ships.—Five pilgrim ships carrying a total of 5,550 pilgrims arrived during the period. A total of 39 deaths occurred on these ships and the deaths were chiefly due to senile debility, pneumonia and dysentery.

45. SUMMARY OF PORT HEALTH WORK.—

Number of visits of Inspection to ships	Total Passengers	Total Examined		Passengers				
		Cabin	Deck	Crew	Passengers	U	Q	R
Penang	264	14,827	72,327	27,521	87,154	38	21,122	40,664
Port Swettenham	205	3,553	11,681	17,361	15,234	—	—	14,337
Total	469	18,380	84,008	44,882	102,388	38	21,122	55,001

U—Signed undertaking to report

Q—Removed to Quarantine Station

R—Remained in ship

46. INSPECTION OF AIRCRAFT.—A total of 141 planes were inspected during the year. Altogether a total of 605 crew and 706 passengers were examined but no case of dangerous infectious disease was detected among them.

47. INSPECTION OF WATER BOATS.—Periodical examination of water from Water Boats that supply water to ships whilst in the port were carried out. Out of nine water samples submitted for bacteriological examination one was found to be unsatisfactory.

48. CONTAMINATION OF FOODSTUFFS BY SODIUM ARSENITE.—Three requests were made for the survey of lighters which had transported cargoes of Sodium Arsenite. The lighters after being emptied, were cleansed under the supervision of a Sanitary Inspector after which certificates were issued. The owners had been advised to use either steel lighters or put a layer of metal sheeting on the lighters before the loading of Sodium Arsenite.

PUBLIC HEALTH (5)—RURAL HEALTH SERVICES

49. INCREASED EMPHASIS ON RURAL HEALTH WORK.—It has long been axiomatic that in health work in Malaya there can be no difference between the various sections of the community and that Malays, Chinese, Indians etc. must be treated as individual members of one common community. In the past the same principle has not been applied equally successfully to urban and rural populations. A very great deal of attention has been paid to the urban treatment services. Numerous well-equipped hospitals have been provided throughout the Federation. Special services for tuberculosis, leprosy and mental disease are highly developed.

The rural health services have lagged behind. The Health Sisters (Health Visitors) carry out excellent work, but too often they have to do what they can with few, if any, trained assistants. Instead of a Health Sister acting as an administrator and leader of a team of infant welfare and ante-natal workers throughout her

district she usually devotes much of her time to seeing patients herself in urban clinics and recently in new villages. While anti-malarial work has been highly developed little or nothing has been done for the other branches of rural health work except on the estates where adequate medical and health facilities are provided by the employers of estate labour and their families.

The chief bottleneck for the general expansion of rural health services was the lack of trained subordinate staff. Government has agreed to establish two model rural health centres which are to be used as training centres. One, to serve the southern area of the Federation, is to be established in Malacca; the other at Jitra in Kedah State is to serve the north. Each of these model rural health centres will provide facilities for simple dispensary curative treatment, ante-natal and infant welfare work, domiciliary midwifery, rural hygiene, medical education, school dental services and T.B. outpatients. Hostel accommodation is to be built at each centre for students, six hospital assistants, six assistant health nurses, six midwives and six sanitary overseers. The intention is that students should be given special experience and teaching in the type of work they will be required to do in the field. To start with, until the supply of trained staff dries up, the course of special training for what will be the teams for the new rural health centres will be six months. Later it will probably be necessary to train raw students fresh from school, and the period of training will then have to be extended.

Plans are being made for the building of some 25 rural health centres during the period 1953-1956. Each of these rural health centres should have a number of small static clinics in its area. These would serve as collecting centres for the district hospitals and finally, where required, for the larger urban hospitals where ample specialist facilities can be provided.

50. NEW VILLAGES.—A significant event was the resettlement of various scattered elements of the population into New Villages. The large majority of these resettled groups are predominantly Chinese and, in certain areas, a few Malay Villages have been created. By the end of 1952 some 86,098 families had been resettled.

The creation of these new villages has had apparently little effect on the general state of health of the population. On the contrary, the collection of a previously widely scattered population into easily accessible situations has enabled a large number of persons to take advantage of the medical services provided with consequent benefit to themselves. Also the care taken in the planning of these new villages has resulted in many more persons being better housed than before, particularly in respect of spacing of houses, provision of latrines and better water supplies.

The spraying of houses with DDT emulsion is proving particularly popular. The inhabitants notice not only the health advantages but also the reduction in the number of nuisance mosquitoes and bed bugs. The work of the State Medical Services and that of the British Red Cross Society and St. John Welfare Teams among the resettled population has had an enthusiastic reception and is helping to improve morale generally. Medical services to existing villages and Malay kampongs has been maintained by Static dispensaries, by the work of the Health Sisters and their staff, by Mobile dispensaries and by the British Red Cross and St. John Welfare Teams.

PART III

MATERNITY AND CHILD WELFARE

51. This is a State service, particulars of which will be found in the reports of individual States and Settlements.

Maternity and Child Welfare clinics are normally under the supervision of a Health Sister with a staff of Health Nurses and Midwives. Attendances at these clinics are large, and at the clinics, advice is given on infant feeding and hygiene as well as ante-natal services are provided. Intercurrent disease of a mild nature is also dealt with in children. Gradually too a rural midwifery service is being built up, by the posting of trained midwives or by the subsidisation of particularly trained midwives in rural areas.

There is a scheme for subsidising midwives who return to their kampongs to work. The local people tend to regard these subsidised midwives as Government servants and refuse to pay the midwife for the work she does. Demands for payment are regarded as a form of corruption. It is hoped to increase the number of Government midwives engaged on out-door work in the future so that the need for subsidised midwives will disappear.

52. Since early in 1952, Red Cross and St. John Teams have been working in the new villages and S.S.A.F.A. Sisters have been utilised to deal with the women and child dependants of the police and other security forces. Maternity beds are available in most general hospitals for the delivery of maternity cases.

The total number of women admitted to Maternity wards in 1952 was 47,360 and the total number of deaths was 378. This compares with 43,709 and 365 deaths in 1951. The attendances of mothers and children at the Welfare Centres amounted to 983,385 and 419,939 visits were paid to mothers and children in their homes.

A tabulated statement of Child Welfare Centres is given in the Appendix (Table 13).

PART IV

HOSPITALS AND DISPENSARIES

53. There are seventy Government Hospitals in the Federation, not including the Special Institutions for Mental Diseases and Leprosy.

During the year 222,154 patients were admitted. This does not include the admissions to the Leper and Mental Institutions which numbered 693 and 2,557 respectively.

The general hospitals in the large towns are all comparatively well provided with specialist clinical facilities. The district hospitals provide good general medical and surgical treatment. They are almost always within reasonable distance of a large urban hospital where cases needing specialist treatment can be referred. The general condition of the wards and equipment is reasonably good.

54. A summary of the distribution of hospitals and beds is given below. A tabular statement of hospitals with daily averages, admissions and deaths is given in the Appendix (Table 1A).

SUMMARY OF HOSPITAL ACCOMMODATION

State/Settlement	Number and Category of Beds					Total
	General	Obstetrics	Tuber-culosis	Infectious	Mental	
Kedah	676	78	210	20	21	1,005
Perlis	75	8	8	4	5	100
Penang and P. Wellesley	902	152	862	70	23	2,009
Perak	1,983	239	395	62	—	2,679
Selangor	1,300	159	286	31	17	1,793
Negri Sembilan	662	103	396	13	10	1,184
Malacca	355	58	330	17	6	766
Johore	1,249	263	360	67	33	1,972
Kelantan	319	28	51	6	35	439
Trengganu	136	16	62	20	26	260
Pahang	554	71	125	26	—	776
Total ..	8,211	1,175	3,085	336	176	12,983
Total excluding Special Institutions	...	...	...	...	...	12,983
Special Institutions:						
Leper Settlement, Sungei Buloh, Selangor ..	2,650					
,, Pulau Jerejak, Penang ..	430					
,, Johore Bahru ..	350					
Leper Camp, Kota Bahru, Kelantan ..	24					3,454
Mental Hospital, Tanjong Rambutan ..	3,000					
,, Tampoi, Johore Bahru ..	1,200					4,200
Total—All Beds ...						20,637

55. OUT-PATIENTS.—All hospitals have out-patient departments. This is supplemented by small dispensaries situated in many of the smaller towns and by travelling motor dispensaries operating on the main roads. In Johore, Pahang, Trengganu, Perak and Kelantan a certain amount of riverine travelling is also undertaken. In addition to the foregoing, bicycles and motor-cycles are also utilised.

The total number of attendances at all dispensaries for the year 1952 was 2,279,481. Out of these 731,253 attendances were at travelling dispensaries. This figure does not include attendances at Infant Welfare Centres and Venereal Disease Clinics.

Details of the distribution of dispensaries and of the patients treated are given in the Appendix (Table 5).

NOTES ON CONDITIONS TREATED IN HOSPITALS, CLINICS AND DISPENSARIES

56. Full details are given in Table 1 of the Appendix. The following gives an indication of the commoner conditions treated in hospital:

Diseases	Admissions	Deaths	Mortality per cent.
Malaria	16,041	260	1.62
Pulmonary Tuberculosis	5,492	1,326	24.14
Dysentery	1,797	72	4.01
Diarrhoea and Enteritis	5,676	1,031	18.16
Pneumonias	4,127	1,166	28.25
Bronchitis	7,935	62	.78
Beri-beri	563	42	7.46
Venereal Diseases	2,657	62	2.33
Enteric Fever	694	65	9.37
Injuries due to external causes ..	24,597	877	3.57

**RACIAL DISTRIBUTION OF HOSPITAL ADMISSIONS AND OF
COMMON DISEASES**

Races	Malaysians	Chinese		Indians		Others		
Population ..	2,716,899	2,092,218		617,257		80,073		
Total admissions to hospitals ..	53,550	94,377		71,158		6,319		
Disease	Admissions	Deaths	Admissions	Deaths	Admissions	Deaths	Admissions	Deaths
Malaria ..	6,524	33	4,611	146	4,596	77	310	33
Dysentery and Enteritis ..	1,316	81	3,216	664	2,784	348	157	10
Pulmonary Tuberculosis	1,182	135	3,196	897	1,044	280	70	14
Pneumonias ..	559	74	2,052	785	1,439	294	77	13
Beri-Beri ..	121	2	294	28	142	12	6	—
Appendicitis ..	160	—	901	31	490	11	75	1

57. The above statement shows the distribution of the common diseases in the three principal racial groups but this cannot be taken as a true indication of the racial distribution of disease.

The number of Indians is disproportionately higher when compared with the figure for Malaysians. The higher rate of hospital admission of Indians is attributable to the fact that a greater number of Indians are employed by estates and other agencies who insist on sending them to hospital whenever necessary, but the Malaysians, apart from those employed in the Police and other Government Departments are generally reluctant to be admitted to the hospitals. However, it is encouraging to note that from the year 1946 the admissions of Malaysians into Government hospitals show a steady increase as can be gathered from the following table:

Year	Number of Malaysians Admitted into Government Hospitals						
1946	29,138
1947	38,805
1948	41,890
1949	49,072
1950	53,374

58. MALARIA CASES IN HOSPITALS.—The number of malaria cases treated in Government hospitals was 16,041—a decrease of 2,284 cases from 1951. The distribution of types of malaria, diagnosed microscopically was:

Sub-tertian	...	...	...	...	...	70	per cent.
Benign tertian	...	...	...	...	...	26	„ „
Mixed	...	...	...	...	...	3	„ „
Quartan	...	...	...	...	...	1	„ „

59. SURGICAL WORK.—Surgical operations, major and minor, totalled 51,561: details are given in the appendix (Table No. 3).

60. OPHTHALMIC WORK.—Forty-nine thousand four hundred and seven patients were treated for diseases and injuries of the eye and 3,485 eye operations were performed. Details are given in Table 4 of the Appendix.

61. **RADIOLOGICAL WORK.**—Almost all the district hospitals and all the larger hospitals have efficient X-ray equipment.

Eighty seven thousand seven hundred and thirty seven patients have been examined by X-ray and 6,934 patients treated in the X-ray and Electro-Therapeutic Departments.

PART V

TRAINING OF NURSES

62. The training of the local nurses is now based on the syllabus of the General Nursing Council of England and Wales.

Nurses (male and female) and Hospital Assistants attend the same courses in basic subjects and arrangements are made for hospital assistants to attend special classes in laboratory methods and dispensing to meet their requirements of the curriculum.

The Nurses' Training Schools at Penang, Kuala Lumpur and Johore accommodate about 200 student nurses. The block system for the training of nurses has been followed in the principal Nurses' Training Schools. While the standards of training which have been attained allow of reciprocal recognition with the General Nursing Council of the United Kingdom this has temporarily increased the shortage of nurses. For the time being sufficient girls who have passed their Senior Cambridge Examination are not available for training. The accommodation both of the training schools and of the nurses' hostels is still inadequate for the real needs of the service. As the course of training takes three years and four months and is based on the United Kingdom methods, the present training facilities do not provide more than 80 nurses a year. This is hopelessly inadequate.

It has been agreed that a nurses' hostel for 250 nurses should be built in Penang. This will allow of a very considerable expansion of the Penang Nurses' Training School. Even when the new building has been completed this will only be a first step. Plans will have to be made to allow of the doubling of the establishment of State Registered Nurses during the next 10 years. Even this will only be half a solution of the problem.

The courses given at the Penang Regional Training School in 1952 comprised 3 Preliminary Courses with 66 pupils, 3 Block Courses with 156 pupils and post-graduate training for 17 nurses and 6 hospital assistants. The total numbers passing through the school were 137 nurses and 50 hospital assistants.

Throughout the Federation 110 nurses passed their final examination in General Nursing in 1952.

63. **TRAINING OF ASSISTANT NURSES.**—Assistant Nurses with a lower educational standard who are not admissible to the register under the Nurses' Registration Ordinance, 1950, are now being employed in the Federation. The various State and Settlement Medical Services are planning to expand rapidly their facilities for training assistant nurses. They undergo a two-year course of practical training in the vernacular or in English in hospitals where registrable nurses are not trained and pass a local practical examination prior to completion of training.

While the assistant nurses' scheme has some obvious disadvantages these are more than offset at this stage of the development of the country's health services by the shorter course of training and the lower standard of education required for girls entering the service.

64. **NURSING SEMINAR.**—Two Sister-Tutors attended the Nursing Seminar in Formosa for Nurses in the Western Pacific Region sponsored by the World Health Organisation.

PART VI

DENTAL

65. **STAFF.**—By the end of 1952 the dental staff consisted of one Chief Dental Officer, two Specialist Dental Officers, 32 Dental Officers, six House Surgeons (Dental), 37 Dental Nurses and 14 Dental Mechanics together with the Dental Nurses Training School staff of one Dental Officer in charge, one Sister Tutor (Dental), two Dental Sisters and 20 Nurses in training.

The system of recruitment of dental nurses was changed during the year. Instead of depleting the Medical Department of trained nurses, girls with suitable academic qualifications were recruited straight from school. The response has been satisfactory and the first batch showed much promise.

The New Zealand Government loaned two dental nurses to the Federation for use in areas where the schooling facilities do not allow these territories to produce sufficiently educated trainees. These dental nurses were stationed in Kelantan where they operate a mobile dental clinic for the treatment of school children.

66. **NEW CENTRES AND CLINICS.**—Two new main dental centres were opened in 1952. This brings the total in the Federation to 28.

Six new school dental clinics staffed by Dental Nurses were also opened. The total is now 19.

Five new mobile dental clinics were built and issued to the State and Settlement Medical services for use in rural areas. The number of these clinics now in use is six.

67. **DENTAL MECHANICS.**—The system of sending dental mechanics to Singapore for training was discontinued and a school for their training opened in Penang. This resulted in smaller classes and more individual tuition, but the Federation had the benefit of the work done for patients by the mechanics in training.

68. **GENERAL.**—Priority is still given to school children but the increasing number of dental nurses is gradually allowing Dental Officers more time for the treatment of kampongs, hospital cases and expectant mothers.

Two Facio-Maxillary centres exist in Malaya, one in Johore Bahru and the other in Penang. Much valuable work including gunshot wounds of the jaws, fractures and malignant growths, etc., were successfully treated.

PART VII

SPECIAL INSTITUTIONS

69. INSTITUTE FOR MEDICAL RESEARCH.—The Institute for Medical Research in Kuala Lumpur is a Federal Institution, administered as a branch of the Medical Department, and maintained by the Government of Malaya, with financial aid from the Governments of Singapore and North Borneo, and for special investigations from Colonial Development and Welfare Funds. It comprises a central group of laboratories in Kuala Lumpur, organised into divisions for bacteriology, biochemistry, entomology, malariology, nutrition, pathology, medical ecology, and serology, with branch laboratories in Perak, Penang and Negri Sembilan. Founded in the year 1900 to investigate the diseases of Malaya, its main purpose remains unchanged, though a closer integration with the medical services over the years has brought new responsibilities for the provision of routine pathological services and the manufacture of biological products.

The work of the Institute during 1952 is reviewed in this report by diseases and main fields of research, rather than by divisional activities as in past years. Details of routine work are recorded only in the printed report to be issued later in the year.

70. ANTIBIOTICS FROM MALAYAN SOIL.—For some time past the Institute has been sending Malayan antibiotic-producing *Streptomyces* to the Medical Research Council's Antibiotic Research Station at Clevedon, near Bristol. There the antibiotic substances have been produced in quantity, analysed, tested for toxicity and then forwarded to Sir Howard Florey in Oxford for clinical and other trials. The results to date are encouraging, for some of the antibiotics produced seem to be highly active against the tubercle bacillus. The isolation of further antibiotic-producing *Streptomyces* of Malayan origin proceeds hopefully and with enthusiasm.

71. MALARIA.—The experiments in Negri Sembilan kampongs on the control of malaria by house-spraying with DDT or BHC are now almost complete. The results are good, and though they are less spectacular than those reported from other parts of the world, they point the way to important developments in kampong malaria control.

Trials of residual insecticides have continued in the Division of Entomology; and from experiments in window-trap huts, started in 1948 it is now possible to draw broad tentative conclusions:

- (1) *Anopheles maculatus* is more readily killed than most other Malayan species, except perhaps *A. umbrosus*.
- (2) Doses of DDT and BHC effective for six months against *A. maculatus* last only about three months against *A. sundaeicus*, and probably about three months against *A. barbirostris* and species of *Mansonia* (the main vectors of Malayan filariasis).
- (3) *A. letifer* is not readily killed by DDT, and species of *Culex*, especially *C. fatigans*, are hardly affected.

(4) Even when fresh DDT does not kill more than 80-90 per cent. of susceptible species, but BHC and Dieldrin at first give a complete kill. Against species not readily killed by DDT, however, BHC quickly loses its effect, and to a lesser extent the same is probably true of Dieldrin.

Experiments with DDT, BHC and Dieldrin as larvicides are now in progress.

The feeding and resting habits of *A. sundaicus* and *A. barbirostris* and of other culicines and anophelines are being studied by comparative trapping with human and animal baits, and by precipitin tests on blood-fed mosquitoes caught in their out-door daytime resting places. This information may throw light on the potential status of different species as vectors not only of malaria but also of other diseases such as Japanese encephalitis, filariasis and yellow fever.

The new drug pyrimethamine (Daraprim) is under trial. Results of Daraprim treatment in the treatment of acute falciparum malaria were disappointing; there were 13 failures among 97 patients treated. Increase of dosage up to 0.3 grm. in 5 days did not improve the results. Leucocyte counts fell to a low level in several patients receiving this 5-day course, a possible toxic effect which is being investigated further.

The problem of resistance to proguanil (Paludrine) in Malayan strains of malaria parasites is receiving close attention by the civil and military medical authorities in Malaya. A proguanil-resistant strain of *P. falciparum* from Negri Sembilan has been sent to the Imperial Chemical Industries Research Unit in East Africa where trials in human volunteers are in progress to determine whether resistance in the asexual blood forms extends to the pre-erythrocytic stage of the parasite. The results of these trials have not yet been made known. Towards the end of the year Sir Neil Hamilton Fairley, Adviser on malaria to the Army, and Dr. D. G. Davey, one of the discoverers of proguanil, visited Malaya, and were able to get a first-hand picture of the resistance problem. Their stimulating discussions with the Army authorities and with members of the Institute staff revealed a broad agreement that proguanil, whatever its defects, is still a very useful drug in Malaya, and that determined efforts should be made to preserve its usefulness by raising the standards of administration.

Work on the parasitology of malaria includes the isolation of a fresh strain of *Plasmodium knowlesi*, a malaria parasite highly virulent for the Indian macaque, *Macaca mulatta*, but of low virulence in its natural host the Malayan Kra monkey, *Macacairus*. Originally found by Knowles in India, *P. knowlesi* is a useful parasite for experimental work on malaria, but laboratory strains maintained before the war have apparently died out, and a fresh isolation was necessary. The new strain, the Nuri strain, named after the valley in Negri Sembilan where the monkey was trapped, has been sent to the Malaria Institute of India and to the Biological Laboratories of Imperial Chemical Industries in the United Kingdom.

72. SCRUB TYPHUS.—Nearly 3,000 post-war cases of scrub and urban typhus in Malaya are now being studied in detail as part of a general survey of the relationship of infection to land

usage, housing conditions, and rainfall. The long-term experiments involving repeated recapture of marked animals are producing valuable data; and the breeding rhythm of nocturnal rodents has been related to the phases of the moon and to rainfall. The great richness of the parasite fauna has proved embarrassing—over 90 species of trombiculid mites alone have been encountered—but their study is now being consolidated, and the understanding of the parasite-patterns is throwing useful light on the geography of human diseases. Data on the feeding-times of parasites have accumulated and will allow estimates of parasite-populations to be made from the field data.

American work at the Institute on the duration of scrub typhus immunity, completed towards the end of 1951, has now been reported. Immunity against the homologous strain may last for several years but re-infection with heterologous strains is possible within a few weeks of recovery. The immunity produced in volunteers by the intradermal inoculation of viable rickettsia, followed by the oral administration of chloramphenicol, is comparable with that found in treated typhus patients.

A trial of combined cortisone-chloramphenicol therapy in eight scrub typhus patients suggested that addition of cortisone to the standard antibiotic therapy would still further shorten the fever. In these cases there was defervescence of fever and loss of signs of toxicity in about eight hours.

The emphasis on scrub typhus which has hitherto marked the work of the Colonial Office Research Unit attached to the Institute, is now shifting to other infections involving animal reservoirs and insect carriers.

73. YELLOW FEVER.—Yellow fever does not occur in South East Asia, but *Aedes aegypti*, the main carrier of yellow fever in other parts of the world, is common in Malaya, and the hazards of spread from an accidental introduction of the virus by aircraft or other means have been recognised for the past twenty years. In countries where yellow fever occurs the ecological background of the disease is fairly well known, but in South East Asia there is little information, and any assessment of the potential channels by which the virus might circulate between man or animals and mosquitoes is mere guess work. A study of this problem, supported by the Colonial Medical Research Council, will begin in 1953. Meanwhile, work has started with a small-scale survey of the prevalence and distribution of *Aedes aegypti* in towns and kampongs, and a study of the habits of monkeys in Kuala Lumpur. The resources of the Colonial Office Scrub Typhus Unit are being extended to this potentially important problem.

At Port Swettenham where *Aedes aegypti* is known to breed freely DDT spraying by the Health Department is apparently giving good control. Surveys are being made to assess the results.

Laboratory colonies of *Aedes aegypti* and of *Aedes albopictus* have now been established. Apart from yellow fever, these colonies will provide useful material for insecticide tests.

74. FILARIASIS.—Endemic filariasis due to *W. malayi* is a serious focal problem in the lower reaches of some of the main rivers of the Federation and in certain coastal areas of Penang, Kedah and Province Wellesley. Experiments in control by mass

treatment with Hetrazan and by house-spraying with DDT, supported by the Colonial Medical Research Committee, are planned and will probably start in Pahang in 1953.

Mosquito dissections over the past six years from an endemic area of filariasis in Province Wellesley now show that in that particular locality species of *Anopheles* are more important vectors of *Wuchereria malayi* than are species of *Mansonia*. Elsewhere in Malaya, anophelines had not hitherto been proved to play an important part in the transmission of *W. malayi*.

Filariasis due to *W. bancrofti* is not endemic in Malaya but a potential problem arises with the introduction of non-periodic *bancroftian* filariasis by Fijian troops now operating in Malaya. The risk has been lessened by the treatment of microfilaria carriers before they reach this country, and periodical examinations of the whole battalion. Attempts to infect local *Aedes aegypti* and *albopictus* by feeding them on an untreated microfilaria carrier proved unsuccessful, and it seems that these species at least are not efficient vectors of the Pacific *W. bancrofti*.

75. SCHISTOMIASIS.—The only form of schistomiasis known to be endemic in Malaya is the cercarial dermatitis due to *S. spindale* and known locally as "sawah itch". A new problem arises with the introduction of *S. haematoebium* by East African troops operating in Pahang. Among these troops chronic visceral schistosomiasis is not uncommon and an unknown proportion are excreting ova. The danger is that the disease may become established in this country and it is thus important to ascertain whether the cercariæ of *S. haematoebium* can develop in local snails, the potential intermediate hosts, a problem which is now under investigation. Snails have been sent from the Institute to Professor Sandosham at the University of Malaya who is making infectivity experiments in co-operation with Colonel Bell of the Singapore Military Hospital.

76. JAPANESE B. ENCEPHALITIS.—The occurrence in Malaya of Japanese encephalitis, suspected by Cruickshank in 1942, was first proved in December, 1951, when an American team working at the Institute isolated the virus from a fatal case in Kuala Lumpur. The presence of neutralising antibodies in the sera of 32 out of 45 Asians in Kuala Lumpur, and 35 out of 54 in North Borneo, suggests that unrecognised infection may be fairly common in Malaysia. In Japan and on the coast of China this important virus disease is carried to man by culicine mosquitoes but little is known of the possible animal reservoirs or insect vectors in Malaya. Work on this problem is proceeding in the Department of Bacteriology, University of Malaya. Meanwhile a short review of the known facts has been issued from the Institute and further work is planned.

77. "Q" FEVER.—An examination of some 500 human and animal sera, collected from various parts of Malaya, was made last year to ascertain whether "Q" fever, a world-wide rickettsial disease caused by *R. burnetti*, is present in Malaya. Complement-fixing antibodies were found in two human sera, and in six sera from cattle and goats. Further tests during 1952 on 400 human sera, mostly from cases with fever of unknown origin, were all negative, so that the disease is unlikely to be a common cause of fever in Malaya.

78. LEPTOSPIROSIS.—A recent report of American work in Malaya, suggesting that leptospirosis may be a considerable problem to the Security Forces, quotes the experience of two jungle patrols of a hundred men which had twelve cases in one month's operations, ten severe enough to be admitted to hospital. From serological evidence it seemed that eight different strains of leptospira were involved. Some one hundred and twenty cultures from rat kidneys, and sera from about fifty persons, collected by the Scrub Typhus Research Team in North Borneo, have been sent to Washington for further examination.

79. TYPHOID FEVER.—American trials of combined cortisone-chloramphenicol treatment in 17 cases of typhoid fever, made in Kuala Lumpur towards the end of 1951, have now been briefly reported. Fever and toxæmia were controlled within about six hours, but returned in a few hours when the cortisone was withdrawn before the fourth day. In general cortisone was thought to be a valuable supporting therapy for the seriously ill typhoid patient, but no substitute for specific antibiotic therapy.

80. DIPHTHERIA.—In the early months of the year there was a mild epidemic of diphtheria in Georgetown and rural Penang. Sporadic cases occurred in Province Wellesley, but there was no general spread to the mainland. The number of cases is not known, but some 7,000 throat or nasal swabs were examined at the Penang branch laboratory of the Institute, and *C. diphtheriae* was grown from 1,158 of them.

Through the courtesy of Dr. A. A. Ferris, Melbourne over one hundred Malayan strains of *C. diphtheriae* have been typed serologically. The most prevalent and the most fatal strain is *C. diphtheriae* "Mitis" Johnson. Other strains causing death have been *C. diphtheriae* "Mitis" Edmonston VIII and "Mitis" Wagland. For the first time two "Gravis" strains have been found but they were not associated with severe diphtheria. The terms "Mitis" and "Gravis", originally coined to denote strains producing mild and severe diphtheria symptoms, appear to be meaningless in Malaya.

81. SALMONELLA INFECTION.—The only organisms of the salmonella group normally transmitted direct from man to man are *S. typhi* and *S. paratyphi*, but many other members of this large group of salmonella organisms are pathogenic for animals and sometimes infect man. The Division of Bacteriology is investigating the role of Malayan animal salmonellas in human disease. Nineteen species or varieties of *Salmonella* have been isolated from human sources, usually from hospital patients, and an attempt is being made to define the varied clinical patterns of human infection.

82. CHROMOBACTERIAL INFECTION.—Attention has again been drawn to human disease due to chromobacteria, a group of organisms normally harmless and common in Malayan soil. A young Army officer died after a prolonged illness associated with multiple abscesses in the liver and elsewhere. From material referred to the Institute by the Army authorities a strain of *C. violaceum* was isolated which was pathogenic for guineapigs. Later in the year an organism with the characteristics of *Chromobacterium* and producing a red pigment was recovered from an abscess in the liver of an elderly Malay. Three strains of *C. violaceum* isolated from water supplies were non-pathogenic.

83. RABIES.—In April a case of canine rabies occurred in Selangor, the first in twenty years. The infection was probably introduced by a dog smuggled into the State. Once established the disease spread rapidly to other areas of the town, and by September 89 canine infections had been proved by brain examination. A suspected human infection, reported in the press, was not proved. So far no infections have been reported elsewhere in Selangor, and it is hoped that the rigorous preventive measures, including the mass vaccination of dogs with avianised vaccine enforced by the Veterinary Department, will bring the disease under control.

Rabies has also been found in a dog from a village in Trengganu, the first in this State for many years.

84. NUTRITION.—A haemoglobin survey of rural communities has now been completed with the examination of Chinese adults and school children from "New Villages". Results for all communities are now being compared. Continued studies of the incidence and treatment of anaemia among Indian estate labourers, made in collaboration with the estate doctors, confirm the value, with few exceptions, of simple iron treatment with rest in bed on hospital diet. Addition to the iron of ascorbic acid or protein, or intravenous iron as distinct from oral, made very little difference to the results. The improvement was temporary for haemoglobin levels fell with a return to home diet, and it seems that lasting improvement must finally depend on education and better dietary habits.

Damage to the liver from experimental deficiencies in the diet of animals is now well recognised. Liver cirrhosis in rats, for example, may be produced by a diet poor in protein and rich in carbohydrate, and it has been suggested that a deficiency of methionine or of some other sulphur-containing amino acid may be responsible. Attention has also been drawn to a clinical syndrome of infants and young children involving damage to the liver, known in Africa as "Kwashiorkor", and believed to be associated with protein deficiency.

The Division of Biochemistry is approaching the Malayan problem of liver cirrhosis and diet from the experimental angle. Rats fed on deficient diets, with or without methionine and other nutrients, are being studied in relation to liver damage, with preliminary results which are summarised in the divisional report. Work is now in progress to determine the levels of protein and methionine in the blood and milk of healthy nursing mothers and in the blood of healthy infants as a basis for comparison with the levels found with infant malnutrition.

Current studies on rice aim to define the effect of cooking by Malay and Indian methods on the calcium, iron and phytic acid content. Earlier work on the effect of variety and of conditions of growth on particular nutrients in the rice is now complete. Soil and growth conditions, it seems, affect the nutritive value of the rice more than does the variety or strain.

The problem of supplementary feeding for school children has been reviewed in a departmental report issued from the Division of Nutrition. Children in some rural areas are sent to school with empty stomachs and do not break their fast until the early afternoon. The Medical, Social Welfare and Education Departments in recent years have introduced food supplements in many

schools, but the benefits are unevenly spread and the methods vary. The nutritive value and cost of possible meals—cooked snacks, milk with cocoa, milk tablets, enriched buns or biscuits, toffee or chocolate—have been analysed and compared. For various reasons the cooked snack of rice, fish, legumes and green vegetables supplying about 300 calories and essential nutrients has been recommended as the most suitable.

A loss of condition in buffaloes from two coastal areas in Kelantan has been investigated as a possible mineral deficiency. The farmers report that buffaloes in these particular areas become lame and lose condition after their second calving but recover when they are moved to another area. Calcium and phosphorus levels in the blood of affected animals were below normal levels. Supplementary minerals in the form of a salt lick seemed to produce a clinical improvement. It is hoped that this interesting investigation, made in co-operation with the Veterinary Officer, Kelantan, may be continued.

85. FLIES AT CAMERON HIGHLANDS.—The Senior Entomologists of the Department of Agriculture and of the Institute have studied the fly problem at Cameron Highlands. Measures of hygiene satisfactory in the plains are inadequate in the Highlands; the reasons for this difference are obscure. The organic manure used on the vegetable gardens is the greatest source of flies, but household refuse, pigs and poultry, pit latrines and piles of grass cuttings are also important. It seems that control measures will have to be partly administrative, e.g. prohibition of commercial vegetable gardening in the holiday area, and partly sanitary, e.g., improvement of refuse disposal. Outstanding problems require further investigation. How to manure vegetables and keep pigs without excessive fly breeding, are problems for the Department of Agriculture. How to prevent fly breeding in pit latrines and household refuse are problems for the Medical Department. A joint report has been issued.

For comparison the Entomologist of the Institute has made a small survey around Kuala Lumpur. His observations suggest that ants which are scarce in the highlands, play a considerable part in controlling fly breeding in the lowlands by destroying maggots and presumably also eggs, at least in small breeding places.

86. EXPEDITION TO NORTH BORNEO.—Two officers of the Colonial Office Research Unit spent seven weeks in North Borneo in May-June on a joint Anglo-American project financed by the Surgeon-General's Office in Washington. A chemical mixture, M-1960, applied to clothing and intended for protection from insects, was proved to give full protection against leeches. A survey was made of the economic importance and bionomics of water and land leeches and further studies are to continue in Malaya, including trials in the protection of security forces in field conditions. The use of protective ointments and the possibility of control by spraying residual poisons were explored by pilot experiments. In addition, human sera, cultures of kidney-tissues of small animals, bacterial cultures from skin infections, and many animals and parasites, were collected for various investigations on encephalitis, leptospirosis, bacterial resistance to antibiotics, and the potential vectors of disease.

87. INTERNATIONAL CONFERENCES.—Dr. I. A. Simpson visited the Philippines in February and March, 1952, as a member of an international team formed by the Food and Agricultural

Organisation of the United Nations to assess the results of rice enrichment in Central Luzon. His first hand information on this bold experiment will be of great interest to public health workers in Malaya, and copies of the team's report will be issued in due course to the Malayan Services.

A conference on Rabies, organised by the World Health Organisation, was held at Conoor in India in July, 1952. The Institute was represented by Dr. C. E. Gordon-Smith whose report on his visit was issued in August.

88. PENANG BRANCH LABORATORY.—The Pathological Laboratory, Penang, came under the administrative and technical direction of the Institute in January, 1952, and Dr. S. R. Savoor, Senior Pathologist on the Headquarters staff, was transferred to Penang to take charge. This laboratory will continue to provide a laboratory service for Penang Island, but will now be a useful centre for research in the north-western States. The laboratory diagnosis of rabies and smallpox in Penang, Perak, Kedah and Perlis, formerly done in Kuala Lumpur, has now been diverted to Penang.

89. NEW LABORATORIES IN KUALA LUMPUR.—The most important development of the year, potentially one of the most significant in the Institute's history, is the creation of a new research block in Kuala Lumpur. Construction began in July, 1952, and the work is scheduled for completion in July, 1953. The scheme for expansion will provide a group of laboratories, a new library, and lecture room, a re-designed unit for the production of bacterial vaccines, and additional quarters for Asian assistants. The cost of construction is being met by the Federal Government. The laboratories will be open to visiting research workers from other countries and in the first place will be at the disposal of the British Scrub Typhus Research Team and an American team from the Walter Reed Medical Centre, Washington. There is a confident hope that the facilities which the new laboratories will have to offer will bring a renewed impetus to co-operative research at an international level.

90. ROUTINE.—The Institute maintains a diagnostic and advisory service for the Federation of Malaya and prepares some of the more important biological products. Some one and three quarter million doses of vaccine lymph prepared at the Institute were issued during the year, including nearly one million doses supplied to the Government of Singapore for an intensive vaccination campaign. The demand for cholera, typhoid and rabies vaccine remains high and some 140,000 cc. of these vaccines were prepared and issued during the year. With the new developments in the Lederle Laboratories of avianised vaccine for rabies prophylaxis in dogs the preparation at the Institute of buffalo-brain vaccine has been discontinued. Some 90,000 examinations, bacteriological, biochemical, entomological, histological, serological, etc., were made during the year for the medical services and practitioners of the Federation.

91. LEPER SETTLEMENTS.—There are four settlements in the Federation—Sungei Buloh in Selangor, Pulau Jerejak in Penang, Leper Settlement Johore Bahru and the Leper Hospital, Kota Bahru, Kelantan.

Leper Settlement, Sungei Buloh.—The general health of the inmates has been good. There has been practically no malaria but two minor outbreaks of measles and mumps were recorded—the latter with five cases of encephalitis fortunately recovered and there was no sequelae.

During the year the number of patients in the Settlement increased from 2,311 to 2,411: the distribution of the population is as follows:

Nationalities	Men	Women	Boys	Girls	Healthy Infants	Total
Chinese	1,133	530	128	78	14	1,883
Indians	198	22	11	4	—	235
Malays	199	45	16	8	1	269
Others	19	4	1	—	—	24
Total	1,549	601	156	90	15	2,411

92. TREATMENT.—Diamino-diphenyl-sulphone is at the moment the drug of choice. Its efficacy plus its freedom from toxic side effects (in our dosage scheme) renders it safe for mass treatment. It is used as the basic line of treatment. Other sulphones appear to work by nature of breaking down to this active molecule in the body.

The effectiveness of sulphone treatment can be estimated from the figures of cases discharged as quiescent during the last six years:

1947	...	...	...	...	...	...	25
1948	...	...	...	...	...	...	103
1949	...	...	...	...	...	...	157
1950	...	...	...	...	...	...	230
1951	...	...	...	...	...	...	326
1952	...	...	...	...	...	...	315

Thiosemi-carbasones probably work the same way but have not proved effective, possibly due to a smaller quantity of the parent sulphone being liberated. Thiosemi-carbasones do not appear to work in combination with Diamino-diphenyl-sulphone which is natural if the above is correct and merely increases the general toxæmia.

Isonicotinic hydrazide appears to have no effect by itself and has not been tried in combinations.

Dr. Hale, Professor of Bacteriology, Singapore, has been co-operating in this series and some interesting facts are beginning to emerge.

Antibiotics: penicillin, streptomycin (+PAS) and chloromycetin have no effect on leprosy, but are of greatest value in treating the complications, the same can be said of cortisone, though we have found it less useful in ocular conditions than others have reported in the literature.

93. HOSPITAL.—The admissions to the acute hospital during the year were 1,774: lepra reaction and osteomyelitis being the most common causes of admission. A fair amount of surgical work was done. Certain ulcerated cases were treated with skin grafts with surprisingly successful results—healing was rapid and in most cases complete.

Eye cases were also dealt with and the hospital runs a Tuberculosis Clinic. Artificial Pneumo-thorax and Pneumoperitoneum are now being performed.

During the year 42 babies were born. There was one death due to hydrocephalus and 3 stillborn, one due to prolonged labour due to rachitic pelvis.

Discipline, apart from one major incident, has been good: minor crimes such as overstaying leave, theft and fighting formed the majority of charges.

94. **WELFARE.**—Social life in the Settlement is varied. A scheme started last year for giving part-time employment to boys and girls leaving the school on an apprentice basis has worked well. Five hundred and twenty-three inmates are employed in the running of the place. This work is of greatest value, both as occupational therapy, giving the workers a status in the Settlement, and keeping the institution efficiently run.

95. **RESEARCH.**—Dr. F. S. Airey, F.R.C.P., was unable to return owing to ill health from a visit to England. He has not yet been replaced.

96. **LEPER SETTLEMENT, PULAU JEREJAK, PENANG.**—The leper patients are housed in two camps situated on the west side of the Penang Island. No visitors are allowed except by permits. All non-infectious cases are occasionally granted permission to visit their relatives.

The number of cases remaining at the end of the year was 414. There were 27 married couples as against 29 during the previous year. Five babies were born on the Island and after the usual toilet they were sent over to the Maternity Hospital, Penang. After a period of 6 months they are transferred to the Social Welfare Department Orphanage

Gardening, poultry rearing and fishing are the main occupations of the inmates.

Each community has its own club room where reading and indoor games are indulged in.

The Brass Band of the Settlement consists of 12 players who provide musical entertainment to inmates and visitors.

There are three English and two Chinese Adult Education classes in the Camp managed by the Penang Adult Education Association. These classes are run by the inmates.

MENTAL INSTITUTIONS

97. **TAMPOI MENTAL HOSPITAL, JOHORE BAHRU.**—The Tampoi Mental Hospital, Johore Bahru, was re-opened with effect from 1st April, 1952. The building required extensive rehabilitation and needed complete re-equipment before its use. A Specialist Medical Officer from the Central Mental Hospital, Tanjong Rambutan, is in charge.

This hospital will accommodate 1,200 patients when fully rehabilitated, but to start with it runs only at half capacity.

The opening of this mental hospital will greatly relieve the congestion at the Central Mental Hospital, Tanjong Rambutan.

98. **CENTRAL MENTAL HOSPITAL, TANJONG RAMBUTAN.**—The Central Mental Hospital at Tanjong Rambutan with accommodation for 3,000 beds had 3,311 patients at the end of the year.

During the year admissions were 1,892 as compared with 1,975 in the previous year. There were 1,503 discharges of whom 682 were graded as recovered, 472 as relieved and 349 as not improved. Deaths numbered 268 with a death rate of 5.14 per cent. of the 5,218 patients treated.

Deep insulin and electric convulsive therapy continued to be used with good results.

Occupational therapy is quite extensively used. It comprises on the male side farming, tailoring, machine repairs and maintenance, carpeting and weaving, etc., and on the female side needlework, tailoring and weaving. It is hoped to interest the Red Cross in this field, and steps are being taken to this end.

It must not be forgotten that many cases are admitted too late for active treatment when the mental condition of the patient has already become static.

There is also a large field for psychological treatment of cases but it will be many years before staff will be suitably trained and sufficiently great to permit extensive use of this method.

99. RETURN OF INMATES FOR THE YEAR, 1952.

Summary of Nationalities

		Remaining at end of December, 1951	Admis- sions	Deaths	Total Treated	Remaining at end of December, 1952
Europeans	—	4	—	4
Eurasians	15	3	2	18
Chinese	2,109	1,065	171	3,174
Indians	426	399	42	825
Malays	765	415	53	1,180
Japanese	1	—	—	1
Others	10	6	—	16
			<hr/>	<hr/>	<hr/>	<hr/>
Total	..		3,326	1,892	268	5,218
			<hr/>	<hr/>	<hr/>	<hr/>
						3,311

Summary by Sexes

		Remaining at end of December, 1951	Admis- sions	Deaths	Total Treated	Remaining at end of December, 1952
Men	2,147	1,279	178	3,426
Women	1,141	600	82	1,741
Children :						
(1-10 years)	..		38	13	8	51
Infants :						
(under 1 year)	..		—	—	—	—
			<hr/>	<hr/>	<hr/>	<hr/>
Total	..		3,326	1,892	268	5,218
			<hr/>	<hr/>	<hr/>	<hr/>
						3,311

Daily average number of inmates for 1952 ... 3,384
Number of Beds 3,000

100. The cost of maintaining the Central Mental Hospital is indicated below:

(i) Personal Emoluments	...	...	\$1,346,770.27
(ii) Clerical Service	...	...	13,750.68
(iii) Other Charges, Annually Recurrent			1,164,605.66
(iv) Other Charges, Special Expenditure			32,260.62
(v) Revotes	...	...	6,171.78
			<hr/>
	Total	...	\$2,563,559.01
			<hr/>

Capital expenditure, pension and leave charges are not included. The nett maintenance cost is \$757.55 per annum per patient treated.

101. FARMS.—There are 300 acres under cultivation. Vegetables and fruits are extensively grown. The pig farms are progressing steadily and supplying increased amounts of pork and farm produce.

The number of patients working on the farms at the end of the year was 265 as compared with 289 in 1951.

MEDICAL STORES AND PHARMACEUTICAL LABORATORY

102. MEDICAL STORES, KUALA LUMPUR.—The issue of stores has increased considerably owing to the establishment of a large number of New Village Dispensaries and demands for supplies from Red Cross, St. John Ambulance and S.S.A.F.A. Teams, Police and Army Jungle squads, Malay Regiment H.Q., Kinrara Hospital, etc.

Further the stores undertook the distribution of B.C.G. vaccination and 97,700 ccs. were issued.

The value of drugs issued to the Kuala Lumpur laboratory for manufacturing purposes was \$125,955.36 and the manufactured products were valued at \$186,975.52 thus making a profit of \$61,020.16 on the manufacturing account.

Over 251,105 ampoules were made as compared with 183,759 in 1951 and 88,746 lbs. of galenicals and other preparations as compared with 62,221 lbs. in 1951.

The production of sulphone preparations for the treatment of leprosy was 310,401 doses and 872,334 doses of other preparations for injections were produced.

103. MEDICAL STORES, PENANG.—The godowns in Penang are still in widely scattered areas which reduce efficiency very considerably.

It is interesting to note that the goods distributed from this store have doubled in volume. This was only made possible by continued efforts towards greater efficiency and by the whole-hearted co-operation and industrious effort of the staff.

Thirty-one thousand pounds of galenicals, 7,300,000 tablets, 24,000 ampoules and 3,500 units of miscellaneous preparations were manufactured.

The value of ingredients and materials used in manufacturing was \$96,000/- and the value of the output was \$129,000/- so that the gross saving to Government was \$33,000/-.

104. **NARCOTICS.**—The Superintending Pharmaceutical Chemist, Penang, remained the sole importer, as in former years, of narcotics for the Federation and distributed the products to Government hospitals, private medical practitioners and pharmacists. The system worked smoothly. The consumption of opium and morphine in the Federation showed a reduction compared with previous years, while the consumption of the other narcotics remained unchanged.

		1952	1951	1950
Consumption of medicinal opium as such	..	5 Kg.	2 Kg.	4 Kg.
Consumption of opium in tinctures, etc.	..	12 Kg.	37 Kg.	21 Kg.
Consumption of morphine	.. ..	1 Kg.	3 Kg.	2 Kg.
Consumption of diamorphine	.. ..	under 1 Kg.	under 1 Kg.	under 1 Kg.
Consumption of cocaine	.. ..	1 Kg.	1 Kg.	1 Kg.
Consumption of pethidine	.. ..	5 Kg.	5 Kg.	(not recorded)
Consumption of heptalgin	.. ..	under 1 Kg.	1 Kg.	" "
Consumption of physeptone	.. ..	under 1 Kg.	under 1 Kg.	" "

Thus the overall consumption of medicinal narcotics in the Federation still remains moderate and the Permanent Central Opium Board of the United Nations has not felt it necessary to comment on the consumption.

105. **ORTHOPÆDIC APPLIANCE CENTRE.**—This Centre is now in its second year since its establishment as a part of the Medical Services: it was officially opened in January, 1951, by Sir Henry Gurney.

More people are now being equipped with artificial limbs, appliances, etc., than the corresponding period of last year.

The establishment should be viewed as also one of the social services within the medical department, and as such it should be provided with every facility for the betterment of the lot of the physically handicapped.

CONCLUSION

106. Features of the year 1952 have been the impact of the emergency on the Medical Services, the increase in specialism at the major hospitals, and the improvement in recruiting.

The need for nurses is great, but with the expansion of nurse training and housing as a first priority, some improvement in this respect will soon be felt.

All males being taken in now are being trained as male nurses, and there will be a need in the future of an outlet for these trainees, the first of whom will pass out in 1953.

The emphasis towards expansion of rural health services has become more marked, with the building up of health services in new villages, and the setting up of the projected rural health training centres, and 25 rural health centres will add to the pace at which these are expanding. Like the hospital services, however, staffing is the major question.

TABLE 1
IN-PATIENTS

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952

INTERMEDIATE LIST OF 150 CAUSES FOR TABULATION OF MORBIDITY AND MORTALITY—(See footnote below.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		I.—INFECTIVE AND PARASITIC DISEASES					
A 1	001-008	Tuberculosis of respiratory system	2,641	5,492	8,133	1,326	2,811
A 2	010	Tuberculosis of meninges and central nervous system	7	181	188	122	12
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands	4	85	89	31	7
A 4	012-013	Tuberculosis of bones and joints	95	358	453	10	162
A 5	(a) 014	Tuberculosis of skin and subcutaneous cellular tissue	1	25	26	2	1
	(b) 015	Tuberculosis of lymphatic system	16	140	156	3	19
	(c) 016	Tuberculosis of genito-urinary system			28	1	
	(d) 017	Tuberculosis of adrenal glands			9		
	(e) 018	Tuberculosis of other organs	2	25	27	2	5
	(f) 019	Disseminated tuberculosis			23	10	3
A 6	020	Congenital syphilis	3	107	110	27	5
A 7	(a) 021.0-021.1	Primary syphilis	8	192	200	2	6
	(b) 021.2	Secondary syphilis	44	582	626	4	27
	(c) 021.3	Early syphilis, relapse following treatment			17	17	
	(d) 021.4	Early syphilis (unspecified stage)			39	3	
A 8	024	Tabes dorsalis			18	1	1
A 9	025	General paralysis of insane			25	4	6
A 10	(a) 022	Aneurysm of aorta	1	21	22	5	2
	(b) 023	Other cardiovascular syphilis			11	3	1
	(c) 026	Other syphilis of central nervous system			3		5
	(d) 027	Tertiary syphilis	17	254	271	4	26
	(e) 028	Latent syphilis			10	1	
	(f) 029	Syphilis unqualified	15	223	238	6	5
A 11	(a) 030	Acute or unspecified gonorrhoea	1	376	377	..	11
	(b) 031	Chronic gonococcal infection of genito-urinary system	14	340	354	1	2
	(c) 032	Gonococcal infection of joint			79		4
	(d) 033	Gonococcal infection of eye	2	53	55	..	
	(e) 034-035	Gonococcal infection of other sites	1	22	23		
A 12	040	Typhoid fever	52	694	746	65	50
A 13	(a) 041	Paratyphoid fever A, B or C	2	36	38	..	1
	(b) 042	Other salmonella infections					
A 14	043	Cholera					
A 15	044	Brucellosis (undulant fever)			2	2	
A 16	(a) 045	Bacillary dysentery	9	132	141	11	1
	(b) 046	Amoebiasis	39	1,196	1,235	46	47
	(c) 047-048	Other protozoal and unspecified forms of dysentery	9	469	478	15	21
A 17	050	Scarlet fever			2	2	
A 18	051	Streptococcal sore throat			3	3	1
A 19	052	Erysipelas			38	38	3
A 20	053	Septicaemia and pyaemia	9	85	94	44	1
A 21	055	Diphtheria	21	1,221	1,242	236	34
A 22	056	Whooping Cough	2	158	160	10	5
A 23	057	Meningococcal infections			15	10	
A 24	058	Plague					
A 25	060	Leprosy			3,973	76	3,176
A 26	(a) 061	Tetanus of the new-born	3	197	200	151	5
	(b) —	Tetanus, other forms	4	213	217	84	2
A 27	062	Anthrax					
A 28	080	Acute Poliomyelitis	6	87	93	11	11
A 29	082	Acute infectious encephalitis			1	1	
A 30	081	Late effects of acute poliomyelitis and acute infectious encephalitis			21	21	..
	083						4
A 31	084	Smallpox			19	835	5
A 32	085	Measles			19	854	16
		Carried forward	..	6,216	14,964	21,180	2,338
							6,496

The headings are taken from the Intermediate List of 150 Causes for Tabulation of Morbidity and Mortality as published in the "Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death" (Sixth Revision, 1948).

Reference should be made to the Detailed List of the Diseases published on pages 45 to 321 of the above Manual whenever there is any doubt about the entry in the list.

TABLE 1—(cont.)
IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	6,216	14,964	21,180	2,338	6,496
		I.—INFECTIVE AND PARASITIC DISEASES—(cont.)					
A 33	091	Yellow fever					
A 34	092	Infectious hepatitis .. ..	..	185	185	9	13
A 35	094	Rabies	1	7	8	6	
A 36	(a) 100	Louse-borne epidemic typhus ..					
	(b) 101	Flea-borne endemic typhus (murine) ..	1	53	54	2	1
	(c) 104	Tick-borne epidemic typhus ..					
	(d) 105	Mite-borne typhus ..	15	251	266	7	8
	(e) 102-103 } 106-108 }	Other and unspecified typhus ..	..	59	59	2	4
A 37	(a) 110	Vivax malaria (benign tertian) ..	48	2,436	2,484	20	36
	(b) 111	Malariae malaria (quartan) ..	..	50	50	1	2
	(c) 112	Falciparum malaria (malignant tertian)	103	6,572	6,675	125	80
	(d) 114	Mixed malaria infections ..	4	256	260	4	4
	(e) 115	Blackwater fever ..	..	7	7	1	
	(f) 113 }	Other and unspecified forms of malaria	134	6,727	6,861	110	110
A 38	(a) 116-117 } 123.0	Schistosomiasis vesical (S. haematobium) ..					
	(b) 123.1	Schistosomiasis intestinal (S. Mansoni) ..					
	(c) 123.2	Schistosomiasis Pulmonary (S. japonicum) ..					
	(d) 123.3	Other and unspecified Schistosomiasis					
A 39	125	Hydatid disease .. ..	..	2	2	..	1
A 40	(a) 127	Onchocerciasis .. ..	..			
	(b) —	Loiasis					
	(c) —	Filariasis (bancrofti)	1	69	70	..	2
	(d) —	Other filariasis	5	108	113	..	2
A 41	129	Ankylostomiasis	29	1,278	1,307	2	28
A 42	(a) 126	Tape worm (infestation) and other cestode infestation .. ..	..	9	9		
	(b) 130.0	Ascariasis	50	2,647	2,697	9	46
	(c) 130.3	Guinea worm (dracunculosis) ..					
	(d) 124	Other trematode infestation ..	..	16	16		
	(e) 128	Trichiniasis	1	3	4		
	(f) 130.1-130.2	Other diseases due to helminths ..	1	215	216	1	3
A 43	(a) 036	Chancroid	3	123	126	..	1
	(b) 037	Lymphogranuloma venereum ..	3	27	30		
	(c) 038	Granuloma inguinale, venereal ..	..	52	52		
	(d) 039	Other and unspecified venereal diseases	3	69	72	..	4
	(e) 049	Food poisoning infection and intoxication .. ..	..	68	68		
	(f) 059	Tularaemia					
	(g) 063	Gas gangrene .. ..	..	4	4	2	
	(h) 064	(a) Glanders					
		(b) Melioidosis		1	1	..	1
		(c) Other bacterial diseases	2	5	7	..	
	(i) 070	Vincent's infection	1	10	11	..	1
	(j) 071	Relapsing fever					
	(k) 072	Leptospirosis icterohaemorrhagica (Weil's disease) .. ..	..	16	16		
	(l) 073	Yaws	83	957	1,040	2	58
	(m) 086	Rubella .. ..	..	27	27		
	(n) 087	Chickenpox	5	459	464	..	17
	(o) 088	Herpes Zoster	5	229	234	..	2
	(p) 089	Mumps	17	1,050	1,067	..	18
	(q) 090	Dengue .. ..	..	100	100	..	1
	(r) 093	Glandular fever	1	4	5	..	1
	(s) 095	Trachoma	1	74	75	..	8
	(t) 096.7	Sandfly fever .. ..	..			
	(u) 120	Leishmaniasis					
	(v) 121	(a) Trypanosomiasis gambiensis					
		(b) Trypanosomiasis rhodesiensis					
		(c) Other and unspecified trypanosomiasis					
	(w) 131	Dermatophytosis	6	231	237	..	17
		<i>Carried forward</i> ..	6,739	39,420	46,159	2,642	6,965

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	6,739	39,420	46,159	2,642	6,965
		I.—INFECTIVE AND PARASITIC DISEASES—(cont.)					
(x)	135	Seabies	16	1,187	1,203	..	15
(y)	054, 074						
	096.1-096.6						
	096.8, 096.9	All other diseases classified as infective and parasitic	4	202	206	1	1
	122						
	132-134						
	136-138						
		II.—NEOPLASMS					
A 44	140-148	Malignant neoplasm of buccal cavity and pharynx	5	173	178	38	7
A 45	150	Malignant neoplasm of oesophagus ..	4	83	87	24	6
A 46	151	Malignant neoplasm of stomach ..	4	177	181	70	9
A 47	(a) 152	Malignant neoplasm of small intestine, including duodenum ..	1	28	29	7	2
	(b) 153	Malignant neoplasm of large intestine, except rectum ..	1	28	29	8	4
A 48	154	Malignant neoplasm of rectum ..	2	91	93	24	6
A 49	161	Malignant neoplasm of larynx ..	..	15	15	6	1
A 50	162-163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	2	72	74	32	2
A 51	170	Malignant neoplasm of breast ..	4	77	81	5	5
A 52	171	Malignant neoplasm of cervix uteri ..	1	166	167	19	9
A 53	172-174	Malignant neoplasm of other and unspecified parts of uterus	1	49	50	16	
A 54	177	Malignant neoplasm of prostate ..	..	5	5	2	2
A 55	190-191	Malignant neoplasm of skin ..	7	144	151	11	10
A 56	196-197	Malignant neoplasm of bone and connective tissue .. ..	..	23	23	7	4
A 57	(a) 155-156	Malignant neoplasm of liver ..	6	178	184	98	6
	(b) 157	Malignant neoplasm of pancreas ..	..	6	6	2	2
	(c) 158	Malignant neoplasm of peritoneum ..	..	5	5	4	
	(d) 159	Malignant neoplasm of unspecified digestive organs .. ..	..	17	17	10	1
	(e) 175-176	Malignant neoplasm of other and unspecified female genital organs ..	5	109	114	11	1
	(f) 178-179	Malignant neoplasm of other and unspecified male genital organs ..	4	48	52	9	2
	(g) 180-181	Malignant neoplasm of kidney, bladder and other urinary organs ..	3	31	34	12	1
	(h) 160						
	164-165						
	192-195						
	198-199						
A 58	204	Malignant neoplasm of all other and unspecified sites	9	153	162	33	4
A 59	(a) 200	Leukacmia and Aleukaemia ..	2	44	46	15	3
	(b) 201	Lymphosarcoma and reticulosarcoma .. ..	..	6	6	1	1
	(c) 202-203	Hodgkin's disease .. ..	..	8	8	..	2
	(d) 205	Other neoplasm of lymphatic and haematopoietic system ..	..	2	2		
A 60	(a) 210-211	Mycosis fungoides .. ..	..	3	3	..	1
	(b) 217	Benign neoplasm of buccal cavity, pharynx and digestive system ..	..	20	20	1	3
	(c) 218	Benign neoplasm of other female genital organs	2	49	51	4	4
	(d) 212-216	Benign neoplasm of other male genital organs .. ..	..	10	10	2	
	219-229	Benign neoplasm of other and unspecified organs and tissue	11	228	239	6	6
	(e) 230	Neoplasm of unspecified nature of digestive organs .. ..	..	5	5	..	
	(f) 233-235	Neoplasm of unspecified nature of other female genital organs ..	1	34	35	1	
	(g) 231-232	Neoplasm of unspecified nature of other unspecified organs ..	3	156	159	3	12
	236-239						
		<i>Carried forward</i> ..	6,837	43,052	49,889	3,124	7,097

TABLE 1—(cont.)
IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	6,837	43,052	49,889	3,124	7,097
		III.—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES AND					
		IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS					
A 61	250-251	Nontoxic goitre	7	46	53	2	3
A 62	252	Thyrotoxicosis with or without goitre	5	104	109	6	9
A 63	260	Diabetes mellitus	44	686	730	32	41
A 64	(a) 280	Beri Beri	49	563	612	42	25
	(b) 281	Pellagra		7	7	2	
	(c) 282	Scurvy		1	1		
	(d) 283-284	Rickets	1	13	14	2	3
	(e) 285	Osteomalacia					
	(f) 286.0	(a) Sprue	1	16	17	2	1
	286.5	(b) Malnutrition	7	381	388	46	33
	286.1-286.4 }	(c) Other deficiency states	19	425	444	16	25
A 65	(a) 286.6 }						
	(a) 290	Pernicious and other hyperchromic anaemias	13	137	150	15	1
	(b) 291	Iron deficiency anaemias (hypochromic)	185	1,857	2,042	99	57
	(c) 292-293	Other specified and unspecified anaemias	45	1,725	1,770	77	179
A 66	(a) 241	Asthma	87	2,546	2,633	58	104
	(b) 240 }	Angioneurotic oedema, urticaria and other allergic disorders	15	161	176	7	4
	(c) 253	Myxoedema and cretinism		11	11	1	2
	(d) 254	Other diseases of thyroid gland	5	110	115	6	6
	(e) 270	Disorders of pancreatic internal secretion other than diabetes mellitus					
	(f) 271	Diseases of parathyroid gland		3	3		1
	(g) 272	Diseases of pituitary gland		3	3	.. 1	
	(h) 273	Diseases of thymus gland					
	(i) 274	Diseases of adrenal gland	1	4	5		
	(j) 275-277	Other diseases of endocrine glands		2	2		
	(k) 288	Gout	2	21	23		3
	(l) 287, 289	Other metabolic diseases	7	132	139	6	3
	(m) 294	Polycythaemia		3	3		
	(n) 295	Haemophilia		8	8	1	
	(o) 296	Purpura and other haemorrhagic conditions	1	20	21	6	1
	(p) 297	Agranulocytosis		3	3	2	
	(q) 298	Diseases of spleen	1	50	51	3	
	(r) 299	Other diseases of blood and blood-forming organs	3	51	54	6	5
		V.—MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS					
A 67	(a) 300	Schizophrenic disorders (dementia praecox)		99	99	3	55
	(b) 301	Maniac-depressive reaction	4	113	117	6	28
	(c) 302	Involutorial melancholia		21	21		
	(d) 303	Paranoia and paranoid states		5	5	1	
	(e) 304	Senile psychoses		29	29	1	13
	(f) 305-309	Other and unspecified psychoses	3,430	3,008	6,438	271	3,381
A 68	(a) 311	Hysterical reaction	13	129	142	..	3
	(b) 314	Neurotic-depressive reaction		80	80	..	3
	(c) 322	Alcoholism	1	244	245	..	2
	(d) 323	Other drug addiction	11	567	578	3	19
	(e) 310 }						
	312-313 }						
	315-321 }	Other psychoneuroses and disorders of personality	14	635	649	..	323
	324						
	326						
A 69	325	Mental deficiency	118	792	910	6	81
		<i>Carried forward</i> ..	10,926	57,863	68,789	3,853	11,511

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	10,926	57,863	68,789	3,853	11,511
		VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS					
A 70	(a) 331	Cerebral haemorrhage ..	6	199	205	143	5
	(b) 332	Cerebral embolism and thrombosis ..	21	199	220	69	19
	(c) 330	Other vascular lesions affecting central nervous system ..	29	117	146	8	15
	333-334 }	Non-meningococcal meningitis ..	4	219	223	127	4
A 71	340	Multiple sclerosis .. ..	..	5	5	..	1
A 72	345	Epilepsy	14	327	341	10	11
A 73	353	Conjunctivitis and ophthalmia ..	54	2,334	2,388	..	49
A 74	(a) 370	Other inflammatory diseases of eye ..	24	650	674	..	9
	(b) 371-379	Cataract .. .. ..	..	668	668	..	102
A 75	385	Glaucoma .. .. ..	..	66	66	..	10
A 76	387	Otitis externa	6	216	222	..	1
A 77	(a) 390	Otitis media and mastoiditis ..	7	443	450	3	13
	(b) 391-393	Other inflammatory diseases of ear ..	4	192	196	1	9
A 78	(a) 380-384	All other diseases and conditions of eye	183	1,346	1,529	..	114
	386, 388 }	Intracranial and intraspinal abscess .. ..	..	10	10	5	1
	(b) 342	Encephalitis, myelitis and encephalomyelitis	5	142	147	48	1
	(c) 343	Paralysis agitans	18	45	63	3	12
	(d) 350	Other cerebral paralysis	84	324	408	24	100
	(e) 352	Motor neurone disease and muscular atrophy	1	13	14	1	4
	(f) 356	Other diseases of spinal cord	1	98	99	4	4
	(g) 357	Other and unspecified forms of neuralgia and neuritis	44	1,383	1,427	3	28
	(h) 366	Other diseases of cranial nerves	4	9	13	2	
	(i) 367	Diseases of peripheral autonomic nervous system .. ..	..	14	14		
	(j) 369	All other diseases of the nervous system and sense organs ..	23	462	485	9	13
		VII.—DISEASES OF THE CIRCULATORY SYSTEM					
A 79	(a) 400	Rheumatic fever without mention of heart involvement	6	173	179	3	15
	(b) 401	Rheumatic fever with heart involvement	2	86	88	7	10
	(c) 402	Chorea .. .. ..	..	16	16	3	1
A 80	(a) 410-413	Diseases of valves specified as rheumatic	4	69	73	6	7
	(b) 414	Other endocarditis specified as rheumatic .. ..	..	7	7	1	1
	(c) 415	Other myocarditis specified as rheumatic	7	28	35	7	2
	(d) 416	Other heart disease specified as rheumatic .. ..	..	18	18	5	5
A 81	(a) 420	Arteriosclerotic heart disease, including coronary disease	1	81	82	34	
	(b) 421	Chronic endocarditis not specified as rheumatic	12	185	197	49	7
	(c) 422	Other myocardial degeneration	29	413	442	155	9
A 82	(a) 430	Acute and subacute endocarditis	3	53	56	16	2
	(b) 431	Acute myocarditis	7	243	250	89	9
	(c) 432	Acute pericarditis	2	45	47	14	4
	(d) 433	Functional disease of heart	19	436	455	114	27
	(e) 434	Other and unspecified diseases of heart	32	657	689	210	52
A 83	440-443	Hypertension with heart disease	1	262	263	138	21
A 84	444-447	Hypertension without mention of heart	32	694	726	53	30
A 85	(a) 450	General arteriosclerosis	4	30	34	22	1
		<i>Carried forward</i> ..	11,619	70,840	82,459	5,239	12,239

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	11,619	70,840	82,459	5,239	12,239
		VII.—DISEASES OF THE CIRCULATORY SYSTEM—(cont.)					
A 86	(b) 451	Aortic aneurysm specified as non-syphilitic and dissecting aneurysm ..	2	30	32	9	
	(c) 452	Other aneurysm, except of heart and aorta ..	..	14	14	1	
	(d) 453	Peripheral vascular disease ..	..	15	15	3	
	(e) 454	Arterial embolism and thrombosis ..	..	29	29	7	
	(f) 455	Gangrene of unspecified cause ..	8	73	81	8	5
	(g) 456	Other diseases of arteries ..	12	72	84	8	3
	(a) 460, 462	Varicose veins ..	1	146	147	..	8
	(b) 461	Haemorrhoids ..	23	972	995	..	29
	(c) 463-464	Phlebitis and thrombophlebitis ..	..	86	86	2	
	(d) 465	Pulmonary embolism and infarction ..	..	21	21	15	
	(e) 466	Other venous embolism and thrombosis ..	2	41	43	7	
	(f) 467	Other diseases of circulatory system ..	10	104	114	23	1
	(g) 468	(a) Adenitis ..	37	835	872	3	17
		(b) Lymphadenitis ..	4	226	230	..	7
		(c) Other diseases of lymph nodes and lymph channels ..	8	102	110	6	1
		VIII.—DISEASES OF THE RESPIRATORY SYSTEM					
A 87	(a) 470	Acute nasopharyngitis (common cold) ..	8	1,288	1,296	..	27
	(b) 471	Acute sinusitis ..	5	282	287	..	5
	(c) 472	Acute pharyngitis ..	2	304	306	1	9
	(d) 473	Acute tonsillitis ..	13	1,350	1,363	5	19
	(e) 474	Acute laryngitis and tracheitis ..	2	231	233	2	2
	(f) 475	Other acute upper respiratory infections ..	12	322	334	3	5
A 88	(a) 480	Influenza with pneumonia ..	..	74	74	..	1
	(b) 481	Influenza with other respiratory manifestations, and influenza unqualified ..	69	3,635	3,704	7	43
	(c) 482	Influenza with digestive manifestations, but without respiratory symptoms ..	..	291	291	1	12
	(d) 483	Influenza with nervous manifestations, but without digestive or respiratory symptoms ..	22	142	164	1	1
A 89	490	Lobar pneumonia ..	24	779	803	119	22
A 90	491	Broncho-pneumonia ..	46	2,289	2,335	898	47
A 91	492-493	Primary atypical, other and unspecified pneumonia ..	23	1,059	1,082	149	29
A 92	500	Acute bronchitis ..	65	2,786	2,851	12	41
A 93	(a) 501	Bronchitis unqualified ..	90	3,711	3,801	8	58
	(b) 502	Chronic bronchitis ..	73	1,438	1,511	42	73
A 94	510	Hypertrophy of tonsils and adenoids ..	..	34	34	..	1
A 95	(a) 518	Empyema ..	4	80	84	21	8
	(b) 521	Abscess of lung ..	13	100	113	22	16
A 96	519	Pleurisy ..	35	449	484	19	27
A 97	(a) 517	Other diseases of upper respiratory tract ..	6	177	183	9	1
	(b) 520	Spontaneous pneumothorax ..	..	4	4	2	
	(c) 522	Pulmonary congestion and hypostasis ..	..	18	18	5	1
	(d) 525	Other chronic interstitial pneumonia ..	..	..	..	..
	(e) 523	Pneumoconiosis ..	..	7	7	..	
	(f) 526	Bronchiectasis ..	2	177	179	13	14
	(g) 511-516 } 524 527 }	All other respiratory diseases ..	18	377	395	26	17
		<i>Carried forward</i> ..	12,258	95,010	107,268	6,696	12,788

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	12,258	95,010	107,268	6,696	12,788
		IX.—DISEASES OF THE DIGESTIVE SYSTEM					
A 98	(a) 530	Dental caries	8	367	375	..	5
	(b) 531-535	(a) Gingivitis	2	101	103	..	3
		(b) Pyorrhoea	2	102	104	..	3
		(c) Other diseases of teeth and supporting structures	14	479	493	2	10
A 99	540	Ulcer of stomach	29	787	816	65	47
A 100	541	Ulcer of duodenum	10	214	224	10	12
A 101	543	Gastritis and duodenitis	43	2,232	2,275	7	35
A 102	550-553	Appendicitis	52	1,626	1,678	43	61
A 103	(a) 560	Hernia of abdominal cavity without mention of obstruction	38	1,031	1,069	7	43
	(b) 561	Hernia of abdominal cavity with obstruction	5	230	235	25	5
	(c) 570	(a) Intussusception .. .. ..	..	26	26	9	
		(b) Volvulus .. .. ..	..	6	6	2	
		(c) Other intestinal obstruction	4	166	170	52	4
A 104	(a) 571.0	Gastro-enteritis and colitis between 4 weeks and 2 years	34	2,464	2,498	796	36
	(b) 571.1	Gastro-enteritis and colitis, ages 2 years and over	53	3,002	3,055	224	55
	(c) 572	Chronic enteritis and ulcerative colitis	7	210	217	11	9
A 105	(a) 581.0	Cirrhosis of liver without mention of alcoholism	17	465	482	128	36
	(b) 581.1	Cirrhosis of liver with alcoholism .. .. ..	..	6	6		
A 106	(a) 584	Cholelithiasis	2	41	43	5	
	(b) 585	Cholecystitis without mention of calculi	6	196	202	8	6
A 107	(a) 536	Stomatitis .. .. ..	..	121	121	1	3
	(b) 538	Other diseases of buccal cavity .. .. ..	..	237	237	2	1
	(c) 539	(a) Functional disorders of oesophagus .. .. ..	..	16	16		
		(b) Stricture or obstruction of oesophagus	7	72	79	11	6
	(d) 544	Disorders of function of stomach	11	519	530	3	14
	(e) 545	Other diseases of stomach and duodenum .. .. ..	..	106	106		1
	(f) 573	(a) Constipation	5	549	554	..	6
		(b) Other functional disorders of intestines	3	654	657	3	7
	(g) 574	Anal fissure and fistula	11	346	357	..	10
	(h) 575	Abscess of anal and rectal regions	1	156	157	..	11
	(i) 576	Peritonitis	13	177	190	79	2
	(j) 578	Other diseases of intestines and peritoneum	4	337	341	16	3
	(k) 580	(a) Acute yellow atrophy of liver .. .. ..	..	29	29	6	1
		(b) Degeneration of liver	7	17	24	1	
		(c) Hepatitis	37	1,018	1,055	59	36
	(l) 583	Other diseases of liver	23	331	354	38	19
	(m) 586	Other diseases of gall-bladder and biliary ducts	9	250	259	27	9
	(n) 587	Diseases of pancreas .. .. ..	..	9	9	4	
	(o) 537, 542 } 577, 582 }	Other diseases of digestive system	7	338	345	8	6
		X.—DISEASES OF THE GENITO-URINARY SYSTEM					
A 108	590	Acute nephritis	27	369	396	49	19
A 109	(a) 591	Nephritis with oedema, including nephrosis	4	83	87	10	4
	(b) 592	Chronic nephritis	28	359	387	78	19
	(c) 593	Nephritis not specified as acute or chronic	13	393	406	56	33
	(d) 594	Other renal sclerosis .. .. ..	..	11	11		
A 110	600	Infections of kidney	2	346	348	12	4
A 111	(a) 602	Calculi of kidney and ureter	8	201	209	2	15
	(b) 604	Calculi of other parts of urinary system	7	168	175	6	7
		<i>Carried forward</i> ..	12,811	115,973	128,784	8,561	13,391

TABLE 1—(cont.)
IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	12,811	115,973	128,784	8,561	13,391
		X.—DISEASES OF THE GENITO-URINARY SYSTEM —(cont.)					
A 112	610	Hyperplasia of prostate	1	38	39	2	6
A 113	620-621	Diseases of breast	5	127	132	..	6
A 114 (a)	603	Other diseases of kidney and ureter	34	668	702	33	13
(b)	605	Cystitis	9	410	419	4	10
(c)	606	Other diseases of bladder	3	130	133	3	2
(d)	608	Stricture of urethra	12	320	332	1	17
(e)	609	Other diseases of urethra	10	296	306	..	8
(f)	612	Other diseases of prostate	10	134	144	3	8
(g)	613	Hydrocele	4	271	275	..	5
(h)	614	Orchitis and epididymitis	13	353	366	..	7
(i)	617	Other diseases of male genital organs	7	407	414	..	15
(j)	622	Acute salpingitis and oophoritis	3	164	167	..	8
(k)	625	Other diseases of ovary and Fallopian tube	10	203	213	4	5
(l)	626	Diseases of parametrium and pelviperitoneum (female) .. ..	..	42	42	1	4
(m)	630	Infective disease of uterus, vagina and vulva	12	315	327	..	9
(n)	633	Other diseases of uterus	13	536	549	4	16
(o)	634	Disorders of menstruation .. ..	..	167	167	..	9
(p)	637	Other diseases of female genital organs	27	598	625	2	18
(q)	601						
	607, 611						
	615-616	All other diseases of the genito-urinary system .. ..	..	170	170	3	8
	623-624						
	631-632						
	635-636						
		XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM					
A 115 (a)	640	Pyelitis and pyelonephritis of pregnancy	2	97	99	..	4
(b)	641	Other infections of genito-urinary tract during pregnancy	1	6	7		
(c)	681	Sepsis of childbirth and the puerperium	3	96	99	11	2
(d)	682	Puerperal phlebitis and thrombosis .. ..	..	2	2		
(e)	684	Puerperal pulmonary embolism .. ..	..	2	2	1	
A 116 (a)	642	(a) Albuminuria of pregnancy	3	234	237	3	8
(b)		(b) Eclampsia of pregnancy	10	204	214	57	3
		(c) Hyperemesis gravidarum	6	198	204	..	3
		(d) Acute yellow atrophy of liver	2	10	12		
		(e) Other toxæmias of pregnancy	3	289	292	18	21
(b)	652	Abortion with toxæmia, without mention of sepsis .. ..	..	58	58	..	1
		Puerperal eclampsia	6	103	109	22	3
		Other forms of puerperal toxæmia	2	65	67	8	1
A 117 (a)	643	Placenta praevia	4	155	159	30	2
(b)	644	Other haemorrhage of pregnancy	4	337	341	14	8
(c)	670	Delivery complicated by placenta praevia or antepartum haemorrhage	2	201	203	33	3
(d)	671	Delivery complicated by retained placenta .. ..	..	222	222	23	3
(e)	672	Delivery complicated by other postpartum haemorrhage	15	277	292	57	7
A 118	650	Abortion without mention of sepsis or toxæmia	33	2,612	2,645	8	50
A 119	651	Abortion with sepsis	2	208	210	7	4
A 120 (a)	645	Ectopic pregnancy	3	129	132	8	6
(b)	646	Anæmia of pregnancy	67	970	1,037	3	45
(c)	683	Pyrexia of unknown origin during the puerperium	3	56	59	7	1
		<i>Carried forward</i> ..	13,155	127,853	141,008	8,931	13,741

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	13,155	127,853	141,008	8,931	13,741
		XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM—(cont.)					
(d)	688.1	Puerperal psychoses ..	..	10	10		
(e)	689	Mastitis and other disorders of lactation .. ..	..	38	38	..	2
(f)	647-649						
	673-680						
	687						
	688.0						
(g)	688.2-688.3	Other complications of pregnancy, childbirth and the puerperium ..	249	5,159	5,408	68	204
	660	Delivery without complications ..	515	35,622	36,137	..	571
		XII.—DISEASES OF THE SKIN AND CELLULAR TISSUE AND					
		XIII.—DISEASES OF THE BONES AND ORGANS OF MOVEMENT					
A 121	(a) 690	Boil and carbuncle	11	1,007	1,018	3	25
	(b) 691-693	Cellulitis and abscess	152	4,936	5,088	12	149
	(c) 694-698	Other infections of skin and subcutaneous tissue	7	1,221	1,228	1	31
A 122	(a) 720	Acute arthritis due to pyogenic organisms .. ..	..	15	15	..	3
	(b) 721	Acute nonpyogenic arthritis .. ..	..	13	13	..	1
	(c) 722	Rheumatoid arthritis and allied conditions	28	399	427	2	12
A 123	(d) 723-725	Arthritis specified and unspecified	4	772	776	1	45
	(a) 726	Muscular rheumatism	3	323	326	..	8
	(b) 727	Rheumatism unspecified	22	494	516	2	9
A 124	730	Osteomyelitis and periostitis	42	412	454	4	40
A 125	(a) 737	Ankylosis of joint	19	123	142	..	2
	(b) 745-749	Other acquired musculoskeletal deformities	1	70	71	..	2
A 126	(a) 715	Chronic ulcer of skin (including tropical ulcer)	196	2,916	3,112	3	173
	(b) 700-714	All other diseases of skin	136	4,089	4,225	2	132
	716						
	(c) 731-736	All other diseases of musculoskeletal system	44	576	620	2	10
	738-744						
		XIV.—CONGENITAL MALFORMATIONS					
A 127	751	Spina bifida and meningocele .. ..	..	14	14	3	1
A 128	754	Congenital malformations of circulatory system .. ..	..	45	45	16	
A 129	(a) 750	Monstrosity .. ..	..	8	8	5	
	(b) 752	Congenital hydrocephalus	4	27	31	11	1
	(c) 753	Other congenital malformations of nervous system and sense organs .. ..	..	9	9	1	1
	(d) 755	Cleft palate and harelip .. ..	..	183	187	4	7
	(e) 756	(a) Congenital hypertrophic pyloric stenosis .. ..	..	18	18	3	
		(b) Imperforate anus .. ..	..	61	61	21	
		(c) Other congenital malformations of digestive system	1	18	19	7	
	(f) 757	Congenital malformations of genito-urinary system .. ..	..	3	3	2	
	(g) 758	Congenital malformations of bone and joint	1	13	14	..	1
	(h) 759	Other and unspecified congenital malformations, not elsewhere classified	1	54	55	19	3
		<i>Carried forward</i> ..	14,595	186,501	201,096	9,123	15,175

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	14,595	186,501	201,096	9,123	15,175
		XV.—CERTAIN DISEASES OF EARLY INFANCY					
A 130 (a)	760	Intracranial and spinal injury at birth .. ..	..	20	20	15	
(b)	761	Other birth injury	2	30	32	19	
A 131	762	Postnatal asphyxia and atelectasis ..	..	148	148	111	1
A 132 (a)	764	Diarrhoea of newborn .. ..	..	41	41	18	
(b)	765	Ophthalmia neonatorum .. ..	..	8	8		
(c)	763	Pneumonia of newborn .. ..	..	2	2	1	
(d)	766	Pemphigus neonatorum .. ..	..	13	13	5	
(e)	767	Umbilical sepsis .. ..	..	36	37	8	
(f)	768	Other sepsis of newborn	1	7	7	4	
A 133	770	Haemolytic disease of newborn .. ..	..	18	18	16	1
A 134	769	All other defined diseases of early					
A 135 (a)	771-772	infancy .. ..	..	404	404	81	4
(b)	773	Congenital debility	1	106	107	34	3
(c)	774	Premature birth	15	1,467	1,482	691	30
	775-776	Other ill-defined diseases peculiar to early infancy and immaturity unqualified	3	96	99	45	4
		XVI.—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS					
A 136	794	Senility without mention of psychoses	333	1,203	1,536	386	209
A 137 (a)	780	Infantile convulsions	2	227	229	72	3
(b)	788.8	Pyrexia of unknown origin	42	3,869	3,911	60	119
(c)	793	Observation, without need for further medical care	270	6,051	6,321	..	307
(d)	781-787						
	789-792	(a) Malingering	5	110	115		
	795	(b) Sudden death (cause unknown) .. ..	..	2	2	2	
	788.1-788.7	(c) Found dead (cause unknown)					
	788.9	(d) Other ill-defined and unknown causes of morbidity and mortality	16	448	464	35	16
		XVII.—ACCIDENTS, POISONINGS AND VIOLENCE					
		“E” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSES)					
AE 138	E 810-E 835	Motor vehicle accidents	96	3,593	3,689	323	116
AE 139 (a)	E 800-E 802	Railway accidents	4	52	56	3	
(b)	E 850-E 858	Water transport accidents .. ..	..	3	3	..	1
(c)	E 860-E 866	Aircraft accidents					
(d)	E 840-E 845	Other transport accidents	16	842	858	16	17
AE 140 (a)	E 870	Accidental poisoning by morphia and other opium derivatives	1	75	76		
(b)	E 874	Accidental poisoning by other analgesic and soporific drugs .. ..	..	4	4	1	
(c)	E 878	Accidental poisoning by other and unspecified drugs .. ..	..	26	26		
(d)	E 883	Accidental poisoning by corrosive aromatics, acids and caustic alkalies	3	94	97	23	3
(e)	E 884	Accidental poisoning by mercury and its compounds					
(f)	E 885	Accidental poisoning by lead and its compounds .. .. ..	..	5	5		
		<i>Carried forward</i> ..	15,405	205,501	220,906	11,092	16,009

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	15,405	205,501	220,906	11,092	16,009
		XVII.—ACCIDENTS, POISONINGS AND VIOLENCE—(cont.)					
		“E” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONING AND VIOLENCE (EXTERNAL CAUSES)—(cont.)					
(g)	E 886	Accidental poisoning by arsenic and antimony and their compounds ..	4	59	63	5	
(h)	E 888	Accidental poisoning by other and unspecified solid or liquid substances ..	..	56	56	5	3
(i)	E 890-E 895	Accidental poisoning by gases and vapours .. .. ..	..	1	1		
(j)	E 871-E 873	Other accidental poisoning ..	1	61	62	3	2
	E 875-E 877		286	6,475	6,761	117	205
	E 879-E 882		12	253	265	1	10
AE 141	E 887	Accidental falls ..	25	237	262	16	9
AE 142	E 900-E 904	Accident caused by machinery ..	13	441	454	19	18
AE 143	E 912	Accident caused by fire and explosion of combustible material ..	24	267	291	17	15
AE 144	E 916	Accident caused by hot substance, corrosive liquid, steam and radiation ..	..	13	13	2	
AE 145	E 917-E 918	Accident caused by hot substance, corrosive liquid, steam and radiation	81	1,953	2,034	6	52
AE 146	E 919	Accident caused by firearm ..	1	16	17		
AE 147	E 929	Accidental drowning and submersion ..	..	37	37		
(a)	E 913	Accidents caused by cutting or piercing instruments ..	81	1,953	2,034	6	52
(b)	E 914	Accidents caused by electric current ..	1	16	17		
(c)	E 920	Foreign body entering eye and adnexa ..	..	37	37		
(d)	E 923	Foreign body entering other orifice ..	..	59	59	1	3
(e)	E 925	Accidental mechanical suffocation ..	..	17	17	..	
(f)	E 926	Lack of care of infants under one year of age ..	..	17	17	..	3
(g)	E 927	Accidents caused by bites and stings of venomous animals and insects ..	12	854	866	10	15
(h)	E 928	Other accidents caused by animals ..	9	587	596	6	17
(i)	E 931	Excessive heat .. .. ..	..	5	5		
(j)	E 932	Excessive cold .. .. ..	..	4	4		
(k)	E 933	Hunger, thirst and exposure ..	..	4	4		
(l)	E 934	Cataclysm .. .. ..	..	8	8	1	
(m)	E 935	Lightning .. .. ..	..	37	685	722	8
(n)	E 936	(a) Accidents in mines and quarries ..	12	160	172	2	7
		(b) Agricultural and forestry accidents ..	3	128	131	..	5
		(c) Accidental injury by crushing or landslide ..	..	685	722	8	8
		(d) Other and unspecified accidents ..	37	662	673	7	31
(o)	E 940	Generalized vaccinia following vaccination ..	..	8	8		
(p)	E 941-E 942	Other complications of smallpox vaccination ..	..	2	2		
(q)	E 950-E 953	Accidents due to medical or surgical intervention .. ..	..	1	8	9	7
(r)	E 955-E 959	..	..	4	4	4	3
(s)	E 954	Anaesthetic accidents .. ..	..	..	..	..
	E 910-E 911	All other accidental causes ..	2	254	256	2	10
	E 915						
	E 921-E 922						
	E 924-E 930						
	E 943-E 946						
	E 960-E 965						
		<i>Carried forward</i> ..	15,939	218,815	234,754	11,330	16,422

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
		<i>Brought forward</i> ..	15,939	218,815	234,754	11,330	16,422
		XVII.—ACCIDENTS, POISONINGS AND VIOLENCE—(cont.)					
		“E” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSES)—(cont.)					
AE 148 (a)	E 970	Suicide and self-inflicted injury by analgesic and soporific substances ..	..	24	24	4	
(b)	E 971	Suicide and self-inflicted injury by other solid and liquid substances ..	6	147	153	46	1
(c)	E 972	Suicide and self-inflicted injury by gases in domestic use ..					
(d)	E 973	Suicide and self-inflicted injury by other gases ..					
(e)	E 974	Suicide and self-inflicted injury by hanging or strangulation ..	1	16	17	6	
(f)	E 975	Suicide and self-inflicted injury by submersion (drowning) ..		10	10	1	
(g)	E 976	Suicide and self-inflicted injury by firearms and explosives ..		5	5	1	
(h)	E 977	Suicide and self-inflicted injury by cutting or piercing instruments ..	2	52	54	6	6
(i)	E 978	Suicide and self-inflicted injury by jumping from high place ..		3	3	2	
(j)	E 979	Suicide and self-inflicted injury by other and unspecified means ..		11	11	1	1
AE 149 (a)	E 980	Non-accidental poisoning by another person ..					
(b)	E 981	Assault by firearm and explosive ..	50	609	659	73	26
(c)	E 982	Assault by cutting or piercing instruments ..	11	672	683	23	15
(d)	E 983	Assault by other means ..	48	1,632	1,680	11	27
(e)	E 984	Injury by intervention of police ..		3	3		
(f)	E 985	Execution (legal) ..					
AE 150	E 990-E 999	Injury resulting from operations of war		2	2	1	1
		“N” CODE.—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONING AND VIOLENCE (NATURE OF INJURY)					
AN 138	N 800-N 804	Fracture of skull .. .. ..	..	99	99	50	14
AN 139	N 805-N 809	Fracture of spine and trunk ..	..	88	88	6	11
AN 140	N 810-N 829	Fracture of limbs	38	596	634	1	82
AN 141	N 830-N 839	Dislocation without fracture ..	..	71	71	..	4
AN 142	N 840-N 848	Sprains and strains of joints and adjacent muscles	3	207	210	..	2
AN 143	N 850-N 856	Head injury excluding fracture ..	..	189	189	3	9
AN 144	N 860-N 869	Internal injury of chest, abdomen and pelvis .. .. ..	..	22	22	3	
AN 145	N 870-N 908	Laceration and open wounds ..	..	715	715	..	47
AN 146	N 910-N 929	Superficial injury, contusion and crushing with intact skin surface ..	3	396	399	..	23
AN 147	N 930-N 936	Effects of foreign body entering through orifice .. .. ..	..	22	22	..	3
AN 148	N 940-N 949	Burns	15	582	597	33	25
AN 149	N 960-N 979	Effects of poisons .. .. ..	..	21	21	1	
AN 150	N950-N959 } N980-N999 }	All other and unspecified effects of external causes	99	395	494	1	47
		TOTAL ..	16,215	225,404	241,619	11,603	16,766

TABLE 1—(cont.)

IN-PATIENTS—(cont.)

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1952—(cont.)

Nationalities		Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
Europeans	.. .. .. .. ..	69	2,664	2,733	20	82
Eurasians	.. .. .. .. ..	62	948	1,010	29	62
Chinese	.. .. .. .. ..	9,705	94,377	104,082	7,565	9,959
Indians	.. .. .. .. ..	3,219	71,158	74,377	2,715	3,255
Malays	.. .. .. .. ..	3,008	53,550	56,558	1,147	3,245
Javanese	.. .. .. .. ..	86	1,370	1,456	73	77
Japanese	.. .. .. .. ..	1	3	4	1	1
Others	.. .. .. .. ..	65	1,334	1,399	53	85
	TOTAL ..	16,215	225,404	241,619	11,603	16,766
Healthy persons admitted to hospitals to accompany children or friends	.. ..	178	9,260	9,438	..	149

SUMMARY ACCORDING TO MEN, WOMEN AND CHILDREN

—		Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52
Men	.. .. .. .. ..	10,658	115,654	126,312	5,096	10,913
Women	.. .. .. .. ..	4,713	83,523	88,236	2,055	4,987
Children : (1 to 10 years)	.. .. .. .. ..	583	15,793	16,376	1,433	637
Infants : (under 1 year)	.. .. .. .. ..	261	10,434	10,695	3,019	229
	TOTAL ..	16,215	225,404	241,619	11,603	16,766

SUMMARY ACCORDING TO HOSPITALS AND AVERAGE DAILY NUMBER OF PATIENTS

—		Remaining at end of 31-12-51	Admissions	Total cases treated	Deaths	Remaining at end of 31-12-52	Average daily No. of patients	Number of beds
1. Kedah	.. ..	790	26,224	27,014	777	775	869	1,005
2. Perlis	.. ..	81	3,038	3,119	83	65	82	100
3. Penang and Province Wellesley	.. ..	1,258	20,264	21,522	1,254	1,348	1,303	2,009
4. Perak	.. ..	1,937	49,484	51,421	2,766	1,968	2,063	2,679
5. Selangor	.. ..	1,513	31,108	32,621	1,938	1,470	1,511	1,793
6. Negeri Sembilan	.. ..	1,009	22,657	23,666	1,124	1,047	1,084	1,184
7. Malacca	.. ..	648	11,447	12,095	593	614	634	766
8. Johore	.. ..	1,485	31,761	33,246	1,752	1,395	1,564	1,972
9. Kelantan	.. ..	283	8,117	8,400	176	330	322	439
10. Trengganu	.. ..	190	3,210	3,400	114	195	197	260
11. Pahang	.. ..	568	14,844	15,412	668	615	620	776
12. Leper Settlement, Sungei Buloh	.. ..	2,311	515	2,826	52	2,411	2,370	2,650
13. Leper Settlement, Johore Bahru	.. ..	418	75	493	10	312	313	350
14. Leper Settlement, Pulau Jerejak	.. ..	372	92	464	10	414	376	430
15. Leper Camp, Kota Bahru, Kelantan	.. ..	26	11	37	4	24	25	24
16. C. M. H., Tanjung Rambutan	.. ..	3,326	1,892	5,218	268	3,311	3,384	3,000
17. Mental Hospital, Tampoi	.. ..	..	665	665	14	472	236	1,200
	TOTAL ..	16,215	225,404	241,619	11,603	16,766	16,953	20,637

TABLE 1A

STATEMENT OF GENERAL HOSPITALS, DISTRICT AND MATERNITY HOSPITALS

State/Settlement	Average daily number of patients	Patients remaining at the end of the year	Patients admitted	Deaths	Death rate per 100 patients treated
KEDAH					
General Hospital, Alor Star ..	419	363	10,622	385	3.5
District Hospital, Sungai Patani ..	192	172	7,435	195	2.6
District Hospital, Kulim ..	186	177	6,432	173	2.6
District Hospital, Baling ..	21	20	809	5	0.6
District Hospital, Langkawi ..	51	58	926	19	1.9
PERLIS					
District Hospital, Kangar ..	82	81	3,038	83	2.7
PENANG AND PROVINCE WELLESLEY					
General Hospital, Penang ..	536	522	8,497	731	8.1
Maternity Hospital, Penang ..	65	74	3,466	118	3.3
Perak Road Hospital, Penang ..	60	44	92	19	14.0
Prison Hospital, Penang ..	5	12	171	—	—
District Hospital, Balik Pulau ..	11	9	290	—	—
* Quarantine Station Hospital, Pulau Jerejak ..	—	—	78	1	1.3
Tuberculosis Hospital, Pulau Jerejak	353	338	272	53	8.7
District Hospital, Butterworth ..	85	85	2,389	119	4.8
District Hospital, Bukit Mertajam ..	95	97	3,201	105	3.2
District Hospital, Sungai Bakap ..	93	77	1,808	108	5.7
PERAK					
District Hospital, Parit Buntar ..	46	35	2,186	53	2.4
District Hospital, Taiping ..	396	402	8,420	545	6.2
District Hospital, Kuala Kangsar ..	105	75	3,251	80	2.4
Women's Hospital, K. Kangsar ..	103	77	3,056	144	4.6
District Hospital, Ipoh ..	552	509	11,786	922	7.5
General Hospital, Batu Gajah ..	251	243	4,294	214	4.7
District Hospital, Kampar ..	82	60	3,079	129	4.0
District Hospital, Tapah ..	135	140	3,372	164	4.7
District Hospital, Tanjung Malim ..	32	40	1,752	40	2.2
District Hospital, Telok Anson ..	187	202	4,783	294	5.9
District Hospital, Lumut ..	165	154	3,052	176	5.5
District Hospital, Grik	9	—	453	5	1.1
SELANGOR					
Bungsar Hospital, Kuala Lumpur ..	41	39	1,022	15	1.4
General Hospital, Kuala Lumpur ..	510	515	14,557	1,183	7.8
Tuberculosis (Clinic) Hospital, Kuala Lumpur ..	108	110	152	26	9.9
Tai Wah (Decrepit) Hospital, Kuala Lumpur ..	390	404	118	92	17.6
Police Depot Hospital, Kuala Lumpur	22	17	946	—	—
Prison Hospital, Kuala Lumpur ..	14	20	189	—	—
District Hospital, Klang ..	222	213	6,742	408	5.9
District Hospital, Kajang ..	123	114	4,862	113	2.3
District Hospital, Kuala Kubu Bharu	81	81	2,520	101	3.9
NEGRI SEMBILAN					
General Hospital, Seremban ..	465	434	10,431	635	5.8
Women's Hospital, Kuala Pilah ..	90	84	1,677	107	6.1
District Hospital, Kuala Pilah ..	206	209	3,156	94	2.8
District Hospital, Port Dickson ..	129	117	2,583	92	3.4
District Hospital, Tampin ..	106	88	2,698	133	4.8
District Hospital, Jelebu ..	83	71	1,993	62	3.0
Prison Hospital, Seremban ..	5	6	119	1	0.8
<i>Carried forward</i> ..	6,912	6,588	152,775	7,942	

* Opened in April, 1952

TABLE 1A—(cont.)

STATEMENT OF GENERAL HOSPITALS, DISTRICT AND MATERNITY HOSPITALS—(cont.)

State/Settlement	Average daily number of patients	Patients remaining at the end of the year	Patients admitted	Deaths	Death rate per 100 patients treated
<i>Brought forward</i> ..	6,912	6,588	152,775	7,942	
MALACCA					
General Hospital, Malacca ..	560	560	9,549	576	5.7
District Hospital, Alor Gajah ..	48	28	80	17	15.7
Federal S. C. Depot, Malacca ..	19	—	820	—	—
Prison Hospital, Malacca ..	1	—	52	—	—
Youth Training School, Malacca ..	4	—	920	—	—
† Detention Camp Hospital, Malacca	2	60	26	—	—
JOHORE					
General Hospital, Johore Bahru ..	533	594	8,861	525	5.6
† 3rd Mile Hospital, Johore Bahru ..	—	56	29	—	—
District Hospital, Pontian ..	56	61	1,195	55	4.4
District Hospital, Batu Pahat ..	154	104	3,202	176	5.3
District Hospital, Muar ..	232	194	4,233	378	8.5
District Hospital, Tangkak ..	68	54	1,222	33	2.6
District Hospital, Kluang ..	203	167	4,926	224	4.4
District Hospital, Segamat ..	168	139	4,543	231	4.9
District Hospital, Kota Tinggi ..	110	85	2,340	95	3.9
District Hospital, Mersing ..	40	31	1,210	35	2.8
KELANTAN					
State Hospital, Kota Bharu ..	277	245	5,918	149	2.4
District Hospital, Kuala Krai ..	40	34	2,120	26	1.2
Prison Hospital, Pkg. Chepa ..	5	4	79	1	1.2
TRENGGANU					
General Hospital, K. Trengganu ..	139	148	1,847	53	2.7
District Hospital, Dungun ..	25	17	540	16	2.9
District Hospital, Kemaman ..	33	25	823	45	5.3
PAHANG					
General Hospital, Kuala Lipis ..	120	99	2,966	152	4.9
District Hospital, Kuantan ..	150	140	2,642	121	4.3
District Hospital, Pekan ..	48	49	808	19	2.2
District Hospital, Raub ..	94	102	3,117	105	3.3
District Hospital, Bentong ..	108	76	2,012	146	7.0
District Hospital, Mentakab ..	100	102	3,299	125	3.7
	10,249	9,762	222,154	11,245	
SPECIAL INSTITUTIONS					
Leper Settlement, Sungai Buloh ..	2,370	2,311	515	52	1.8
Leper Settlement, Pulau Jerejak ..	376	372	92	10	2.2
Leper Settlement, Johore Bahru ..	313	418	75	10	2.0
Leper Camp, Kota Bharu, Kelantan ..	25	26	11	4	10.8
Central Mental Hospital, Tanjong Rambutan ..	3,384	3,326	1,892	268	5.1
Mental Hospital, Tampoi, Johore Bahru	236	—	665	14	2.1
TOTAL ..	16,953	16,215	225,404	11,603	4.8

† Closed

TABLE 2

MALARIA ADMISSIONS (INCLUDING CLINICAL MALARIA) IN GOVERNMENT HOSPITALS BY STATES AND MONTHS FOR 1952

State or Settlement	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total
Kedah ..	194	156	195	284	349	332	203	138	139	135	135	130	2,390
Perlis ..	67	81	51	48	71	71	48	33	28	37	38	35	608
Penang and P. Wellesley ..	41	58	54	109	109	115	65	43	79	58	58	56	849
Perak ..	280	227	233	230	280	267	296	228	250	281	252	189	3,013
Selangor ..	62	60	72	95	133	109	91	57	75	81	93	73	1,001
Negri Sembilan ..	163	114	123	127	230	179	162	105	92	113	116	85	1,609
Malacca ..	42	23	13	26	51	49	60	48	82	47	40	53	534
Johore ..	181	138	107	155	227	131	171	146	166	192	171	136	1,921
Kelantan ..	87	80	129	108	172	118	145	92	88	81	122	95	1,317
Trengganu ..	42	48	38	55	39	70	38	29	46	29	34	28	496
Pahang ..	206	125	114	129	206	226	315	197	193	186	223	183	2,303
Total ..	1,386	1,093	1,133	1,311	1,867	1,661	1,644	1,138	1,202	1,261	1,282	1,063	16,041

TABLE 2A

MALARIA (POSITIVE) ADMISSIONS IN GOVERNMENT HOSPITALS BY STATES AND MONTHS FOR 1952

State or Settlement	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total	
													52	518
Kedah ..	148	109	143	233	275	261	133	89	96	85	85	67	1,724	
Perlis ..	53	72	49	47	66	61	39	26	24	31	24	25	517	
Penang and P. Wellesley ..	39	18	39	40	88	50	61	50	32	39	27	35	518	
Perak ..	119	74	72	92	95	102	121	78	99	98	89	71	1,110	
Selangor ..	35	31	42	62	87	74	62	44	40	59	62	43	641	
Negri Sembilan ..	93	86	85	96	181	130	116	66	64	92	96	54	1,159	
Malacca ..	37	13	10	18	41	43	44	25	39	29	26	25	350	
Johore ..	97	53	58	74	100	69	79	64	105	127	106	72	1,004	
Kelantan ..	83	80	120	106	168	111	139	70	57	61	89	70	1,154	
Trengganu ..	26	29	23	38	26	48	21	19	23	14	12	13	292	
Pahang ..	73	43	32	32	69	93	126	80	54	67	117	59	845	
Total ..	803	608	673	838	1,196	1,042	941	611	633	702	733	534	9,314	

TABLE 3
SURGICAL OPERATIONS FOR 1952

	State or Settlement						Operations	Deaths
Kedah	3,003	13
Perlis	547	—
Penang and Province Wellesley	3,775	49
Perak	16,284	125
Selangor	13,198	41
Negri Sembilan	2,759	38
Malacca	1,743	25
Johore	5,305	66
Kelantan	1,802	23
Trengganu	794	4
Pahang	2,351	4
						Total ..	51,561	388

TABLE 4
OPHTHALMIC PATIENTS FOR 1952

State/Settlement	Eye diseases proper	Eye injuries	Refraction	General diseases affecting eyes	Disorganised eyes	Total	Operations	
Kedah	2,774	129	345	73	18	3,339	599	
Perlis	57	1	—	—	—	58	—	
Penang and Province Wellesley	3,690	392	750	553	65	5,450	633	
Perak	5,882	586	3,924	74	62	10,528	1,035	
Selangor	6,318	829	1,436	—	164	8,747	558	
Negri Sembilan	3,385	138	435	27	15	5,592*	79	
Malacca	1,632	131	748	24	29	2,564	210	
Johore	2,853	177	2,292	273	28	5,623	290	
Kelantan	5,548	7	—	206	—	5,761	78	
Trengganu	—	—	—	—	—	—	—	
Pahang	1,541	—	151	53	—	1,745	3	
	Total ..	33,680	2,390	10,081	1,283	381	49,407	3,485

* Includes vision testing of new recruits

TABLE 5

SUMMARY OF OUT-PATIENTS TREATED IN EACH STATE AND SETTLEMENT

(Excluding those who were treated at Infant Welfare Centres, School Inspections and Special Clinics)

Hospitals and Dispensaries	Adult Males	Adult Females	Children under 10 years	Total
KEDAH				
At Hospitals and Dispensaries ..	81,295	59,220	66,423	206,938
By Travelling Dispensaries ..	19,222	6,330	13,354	38,906
Total ..	100,517	65,550	79,777	245,844
PERLIS				
At Hospitals and Dispensaries ..	13,103	8,156	11,360	32,619
By Travelling Dispensaries ..	2,046	1,123	3,560	6,729
Total ..	15,149	9,279	14,920	39,348
PENANG AND PROVINCE WELLESLEY				
At Hospitals and Dispensaries ..	52,282	36,230	38,020	126,532
By Travelling Dispensaries ..	15,542	13,685	25,943	55,170
Total ..	67,824	49,915	63,963	181,702
PERAK				
At Hospitals and Dispensaries ..	160,323	79,152	80,592	320,067
By Travelling Dispensaries:				
(1) Road	63,264	40,450	53,835	157,549
(2) River	5,420	3,043	4,730	13,193
Total ..	229,007	122,645	139,157	490,809

TABLE 5—(*cont.*)SUMMARY OF OUT-PATIENTS TREATED IN EACH STATE AND SETTLEMENT—(*cont.*)

Hospitals and Dispensaries	Adult Males	Adult Females	Children under 10 years	Total
SELANGOR				
At Hospitals and Dispensaries ..	132,735	71,069	77,183	280,987
By Travelling Dispensaries ..	17,165	11,627	16,703	45,495
Total ..	149,900	82,696	93,886	326,482
NEGRI SEMBILAN				
At Hospitals and Dispensaries ..	69,100	34,417	40,875	144,392
By Travelling Dispensaries ..	26,344	21,780	22,183	70,307
Total ..	95,444	56,197	63,058	214,699
MALACCA				
At Hospitals and Dispensaries ..	30,709	14,789	14,608	60,106
By Travelling Dispensaries ..	10,797	7,586	12,658	31,041
Total ..	41,506	22,375	27,266	91,147
JOHORE				
At Hospitals and Dispensaries ..	61,995	23,102	29,147	114,244
By Travelling Dispensaries :				
(1) Road	28,369	17,832	34,856	81,057
(2) River	314	336	2,681	3,331
Total ..	90,678	41,270	66,684	198,632

TABLE 5—(*cont.*)SUMMARY OF OUT-PATIENTS TREATED IN EACH STATE AND SETTLEMENT—(*cont.*)

Hospitals and Dispensaries	Adult Males	Adult Females	Children under 10 years	Total
KELANTAN				
At Hospitals and Dispensaries ..	35,699	14,054	13,364	63,117
By Travelling Dispensaries :				
(1) Road	17,507	9,903	27,046	54,456
(2) River	2,645	1,342	1,823	5,810
Total	55,851	25,299	42,233	123,383
TRENGGANU				
At Hospitals and Dispensaries ..	30,512	17,681	25,839	74,032
By Travelling Dispensaries :				
(1) Road	30,608	23,822	32,535	86,965
(2) River	4,318	3,580	3,803	11,701
Total	65,438	45,083	62,177	172,698
PAHANG				
At Hospitals and Dispensaries ..	55,742	30,822	38,630	125,194
By Travelling Dispensaries :				
(1) Road	22,392	13,559	18,123	54,074
(2) River	4,866	3,778	6,825	15,469
Total	83,000	48,159	63,578	194,737

TABLE 6
OUT-PATIENTS (FIXED DISPENSARIES)
RETURN OF DISEASES FOR THE YEAR 1952

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		I.—INFECTIVE AND PARASITIC DISEASES				
A 1	001-008	Tuberculosis of respiratory system	2,819	1,054	75	3,948
A 2	010	Tuberculosis of meninges and central nervous system	..	..	1	1
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands	..	..	1	1
A 4	012-013	Tuberculosis of bones and joints	5	4	8	17
A 5	(a) 014	Tuberculosis of skin and subcutaneous cellular tissue	1	1	3	5
	(b) 015	Tuberculosis of lymphatic system	18	20	21	59
	(c) 016	Tuberculosis of genito-urinary system	..	..	..	..
	(d) 017	Tuberculosis of adrenal glands	1	..	..	1
	(e) 018	Tuberculosis of other organs	30	15	31	76
	(f) 019	Disseminated tuberculosis	..	..	..	..
A 6	020	Congenital syphilis	..	..	140	140
A 7	(a) 021.0-021.1	Primary syphilis	488	212	11	711
	(b) 021.2	Secondary syphilis	1,310	727	..	2,037
	(c) 021.3	Early syphilis, relapse following treatment	6	2	..	8
A 8	024	Early syphilis (unspecified stage)	21	12	..	33
A 9	025	Tabes dorsalis	8	..	..	8
A 10	(a) 022	General paralysis of insane	..	1	..	1
	(b) 023	Aneurysm of aorta	1	1	..	2
	(c) 026	Other cardiovascular syphilis	..	..	..	..
	(d) 027	Other syphilis of central nervous system	268	117	..	385
	(e) 028	Tertiary syphilis	9	1	..	10
	(f) 029	Latent syphilis	..	..	..	..
A 11	(a) 030	Syphilis unqualified	76	93	6	175
	(b) 031	Acute or unspecified gonorrhoea	1,473	257	3	1,733
	(c) 032	Chronic gonococcal infection of genito-urinary system	718	109	3	830
	(d) 033	Gonococcal infection of joint	60	16	..	76
	(e) 034-035	Gonococcal infection of eye	110	2	15	127
		Gonococcal infection of other sites	150	27	..	177
A 12	040	Typhoid fever	6	3	3	12
A 13	(a) 041	Paratyphoid fever A, B or C	1	..	..	1
	(b) 042	Other salmonella infections	..	..	..	..
A 14	043	Cholera	..	..	..	..
A 15	044	Brucellosis (undulant fever)	..	..	..	..
A 16	(a) 045	Bacillary dysentery	189	65	37	291
	(b) 046	Amoebiasis	469	108	102	679
	(c) 047-048	Other protozoal and unspecified forms of dysentery	2,014	1,209	873	4,096
A 17	050	Scarlet fever	..	..	..	..
A 18	051	Streptococcal sore throat	29	6	5	40
A 19	052	Erysipelas	8	2	8	18
A 20	053	Septicaemia and pyaemia	1	3	5	9
A 21	055	Diphtheria	80	161	355	596
A 22	056	Whooping Cough	80	59	1,438	1,577
A 23	057	Meningococcal infections	..	..	..	..
A 24	058	Plague	..	..	..	..
A 25	060	Leprosy	190	37	17	244
A 26	(a) 061	Tetanus of the new-born	..	..	..	..
	(b) —	Tetanus, other forms	4	1	2	7
A 27	062	Anthrax	..	..	..	..
A 28	080	Acute Poliomyelitis	..	..	..	..
A 29	082	Acute infectious encephalitis	..	..	..	..
A 30	081	Late effects of acute poliomyelitis and acute infectious encephalitis	..	..	1	1
	083	Smallpox	..	..	1	2
A 31	084	Measles	184	64	513	761
A 32	085	Yellow fever	..	..	..	..
A 33	091	Infectious hepatitis	33	9	11	53
A 34	092	Rabies	..	..	..	..
A 35	094	Louse-borne epidemic typhus	..	..	..	..
A 36	(a) 100	Flea-borne endemic typhus (murine)	..	..	..	..
	(b) 101	Tick-borne epidemic typhus	..	..	..	..
	(c) 104	Mite-borne typhus	..	..	..	..
	(d) 105	Other and unspecified typhus	..	..	1	1
	(e) 102-103	Vivax malaria (benign tertian)	2,365	947	1,075	4,387
	106-108	Malariae malaria (quartan)	75	21	26	122
		Falciparum malaria (malignant tertian)	2,788	937	1,001	4,726
A 37	(a) 110	Carried forward	16,088	6,304	5,791	28,183
	(b) 111					
	(c) 112					

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)				
			Adult Males	Adult Females	Children under 10 years	Total	
		<i>Brought forward</i> ..	16,088	6,304	5,791	28,183	
I.—INFECTIVE AND PARASITIC DISEASES—(cont.)							
		(d) 114 Mixed malaria infections	75	33	33	141	
		(e) 115 Blackwater fever	1	..	..	1
		(f) 113 Other and unspecified forms of malaria ..	38,959	16,931	18,655	74,545	
A 38	116-117 }	(a) 123.0 Schistosomiasis vesical (S. haematobium)					
		(b) 123.1 Schistosomiasis intestinal (S. Mansoni)					
		(c) 123.2 Schistosomiasis Pulmonary (S. japonicum)					
		(d) 123.3 Other and unspecified Schistosomiasis ..					
A 39	125	Hydatid disease					
		(a) 127 Onchocerciasis					
A 40	—	(b) — Loiasis					
		(c) — Filariasis (bancrofti)	32	21	..	53	
A 41	—	(d) — Other filariasis	42	22	60	124	
		(a) 129 Ankylostomiasis	4,258	3,194	4,116	11,568	
A 42	126	(b) 130.0 Tape worm (infestation) and other cestode infestation	14,260	10,731	46,301	71,292	
		(c) 130.3 Ascariasis					
A 43	130.1-130.2	(d) 124 Guinea worm (dracunculosis)					
		(e) 128 Other trematode infestation					
	130.1-130.2	(f) 128 Trichiniasis	1	3	3	7	
		(a) 036 Other diseases due to helminths	616	877	2,460	3,953	
	(a) 036	Chancroid	59	8	..	67	
		(b) 037 Lymphogranuloma venereum	4	1	..	5	
	(c) 038	Granuloma inguinale, venereal	4	..	..	4
		(d) 039 Other and unspecified venereal diseases	6	..	..	6
	(e) 049	Food poisoning infection and intoxication	36	14	6	56	
		(f) 059 Tularaemia					
	(g) 063	Gas gangrene					
		(h) 064 (a) Glanders					
	(i) 070	(b) Melioidosis					
		(c) Other bacterial diseases	21	5	18	44	
	(j) 071	Vincent's infection	1	..	1	2	
		(k) 072 Relapsing fever					
	(l) 073	Leptospirosis icterohaemorrhagica (Weil's disease)					
		Yaws	13,707	10,151	9,380	33,238	
	(m) 086	Rubella .. .. ..	..	4	2	6
		(n) 087 Chickenpox	168	43	186	397	
	(o) 088	Herpes Zoster	406	117	49	572	
		(p) 089 Mumps	753	246	642	1,641	
	(q) 090	Dengue	5	9	..	14	
		(r) 093 Glandular fever .. .. ..	..	..	1	1
	(s) 095	Trachoma	171	212	4	387	
		(t) 096.7 Sandfly fever					
	(u) 120	Leishmaniasis					
		(v) 121 (a) Trypanosomiasis gambiensis					
	(w) 131	(b) Trypanosomiasis rhodesiensis					
		(c) Other and unspecified trypanosomiasis					
	(x) 135	Dermatophytosis	325	129	205	659	
		(y) 054,074 Scabies	11,440	4,630	11,470	27,540	
096.1-096.6							
096.8-096.9							
	122	All other diseases classified as infective and parasitic	3,262	1,364	1,885	6,511	
132-134							
136-138							
II.—NEOPLASMS							
A 44	140-148	Malignant neoplasm of buccal cavity and pharynx	24	10	..	34	
		Malignant neoplasm of oesophagus	1	1	..	2	
A 45	150	Malignant neoplasm of stomach	24	11	..	35	
		Malignant neoplasm of small intestine, including duodenum .. .. ..	..	..	..
A 46	151	Malignant neoplasm of large intestine, except rectum	1	..	..
A 47	(a) 152						
	(b) 153						
<i>Carried forward</i> ..			104,750	55,071	101,268	261,089	

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	104,750	55,071	101,268	261,089
		II.—NEOPLASMS—(cont.)				
A 48	154	Malignant neoplasm of rectum	2	1	..	3
A 49	161	Malignant neoplasm of larynx	1	..	..	1
A 50	162-163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	3	..	..	3
A 51	170	Malignant neoplasm of breast .. ..	..	15	..	15
A 52	171	Malignant neoplasm of cervix uteri .. ..	..	10	..	10
A 53	172-174	Malignant neoplasm of other and unspecified parts of uterus .. ..	..	35	..	35
A 54	177	Malignant neoplasm of prostate .. ..	..	..	..	..
A 55	190-191	Malignant neoplasm of skin	16	6	..	22
A 56	196-197	Malignant neoplasm of bone and connective tissue .. ..	..	..	..	..
A 57	(a) 155-156	Malignant neoplasm of liver	3	2	..	5
	(b) 157	Malignant neoplasm of pancreas .. ..	..	..	..	..
	(c) 158	Malignant neoplasm of peritoneum .. ..	..	..	..	..
	(d) 159	Malignant neoplasm of unspecified digestive organs	7	1	..	8
	(e) 175-176	Malignant neoplasm of other and unspecified female genital organs .. ..	..	2	..	2
	(f) 178-179	Malignant neoplasm of other and unspecified male genital organs	17	..	..	17
	(g) 180-181	Malignant neoplasm of kidney, bladder and other urinary organs	7	..	..	7
	(h) 160		..	..	..	..
	164-165	Malignant neoplasm of all other and unspecified sites	77	54	..	131
	192-195		..	..	..	..
	198-199		..	..	..	..
A 58	204	Leukaemia and Aleukaemia	2	3	..	5
A 59	(a) 200	Lymphosarcoma and reticulosarcoma .. ..	..	..	..	..
	(b) 201	Hodgkin's disease	3	..	..	3
	(c) 202-203	Other neoplasm if lymphatic and haemopoietic system .. ..	..	..	..	..
	205	Mycosis Fungoides	3,065	721	794	4,580
A 60	(a) 210-211	Benign neoplasm of buccal cavity, pharynx and digestive system	6	2	2	10
	(b) 217	Benign neoplasm of other female genital organs .. ..	..	2	..	2
	(c) 218	Benign neoplasm of other male genital organs .. ..	..	..	..	..
	(d) 212-216	Benign neoplasm of other and unspecified organs and tissue .. ..	..	..	..	..
	219-229		166	105	12	283
	(e) 230	Neoplasm of unspecified nature of digestive organs .. ..	..	..	..	..
	(f) 233-235	Neoplasm of unspecified nature of other female genital organs .. ..	..	1	..	1
	(g) 231-232	Neoplasm of unspecified nature of other unspecified organs	126	82	13	221
		III.—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES AND				
		IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS				
A 61	250-251	Nontoxic goitre	14	46	..	60
A 62	252	Thyrotoxicosis with or without goitre	14	34	..	48
A 63	260	Diabetes mellitus	429	241	..	670
A 64	(a) 280	Beri Beri	2,188	2,174	166	4,528
	(b) 281	Pellagra	28	33	..	61
	(c) 282	Scurvy	33	16	20	69
	(d) 283-284	Rickets .. ..	..	..	41	41
	(e) 285	Osteomalacia	3	..	1	4
	(f) 286.0	(a) Sprue	20	33	1	54
	286.5	(b) Malnutrition	461	977	1,634	3,072
	286.1-286.4	(c) Other deficiency states	2,921	2,818	1,383	7,122
	286.6					
		<i>Carried forward</i> ..	114,368	62,485	105,338	282,191

TABLE 6—(cont.)
OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)
RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	114,368	62,485	105,338	282,191
		III.—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES AND				
		IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS—(cont.)				
A 65	(a) 290	Pernicious and other hyperchromic anaemias ..	368	892	196	1,456
	(b) 291	Iron deficiency anaemias (hypochromic) ..	3,766	9,822	3,059	16,647
	(c) 292-293	Other specified and unspecified anaemias ..	13,765	26,807	7,288	47,860
A 66	(a) 241	Asthma ..	9,202	5,151	3,890	18,243
	(b) 240	Angioneurotic oedema, urticaria and other allergic disorders ..	443	277	164	884
	(c) 242-245 }	Myxoedema and cretinism ..	..	1	..	1
	(d) 253	Other diseases of thyroid gland ..	5	11	3	19
	(e) 254	Disorders of pancreatic internal secretion other than diabetes mellitus ..	1	..	..	1
	(f) 270	Diseases of parathyroid gland ..	1	3	..	4
	(g) 271	Diseases of pituitary gland ..	..	..	..	..
	(h) 272	Diseases of thymus gland ..	..	..	..	..
	(i) 273	Diseases of adrenal gland ..	..	..	..	..
	(j) 274	Other diseases of endocrine glands ..	8	4	2	14
	(k) 275-277	Gout ..	7	..	..	7
	(l) 288	Other metabolic diseases ..	915	718	346	1,979
	(m) 287, 289	Polycythaemia ..	..	..	..	..
	(n) 294	Haemophilia ..	6	3	..	9
	(o) 295	Purpura and other haemorrhagic conditions ..	2	8	4	14
	(p) 296	Agranulocytosis ..	..	..	..	..
	(q) 297	Diseases of spleen ..	46	30	69	145
	(r) 298	Other diseases of blood and blood-forming organs ..	87	56	9	152
		V.—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS				
A 67	(a) 300	Schizophrenic disorders (dementia praecox) ..	..	..	..	..
	(b) 301	Maniac-depressive reaction ..	..	..	..	..
	(c) 302	Involutional melancholia ..	..	..	..	..
	(d) 303	Paranoia and paranoid states ..	..	..	..	..
	(e) 304	Senile psychoses ..	..	..	..	..
	(f) 305-309	Other and unspecified psychoses ..	..	..	..	..
A 68	(a) 311	Hysterical reaction ..	..	..	..	..
	(b) 314	Neurotic-depressive reaction ..	..	..	..	..
	(c) 322	Alcoholism ..	..	..	..	..
	(d) 323	Other drug addiction ..	..	..	..	..
	(e) 310	..	..	..	..	..
	312-313	..	..	..	..	..
	315-321 }	Other psychoncuroses and disorders of personality ..	..	..	..	..
	324	..	..	..	..	..
	326	..	..	..	..	..
A 69	325	Mental deficiency ..	..	..	..	..
		VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS				
A 70	(a) 331	Cerebral haemorrhage ..	..	..	..	..
	(b) 332	Cerebral embolism and thrombosis ..	..	..	..	..
	(c) 330	Other vascular lesions affecting central nervous system ..	..	..	..	..
	333-334 }	..	..	..	..	..
A 71	330	..	..	..	..	..
A 72	340	Non-meningococcal meningitis ..	..	..	..	..
A 73	345	Multiple sclerosis ..	..	..	..	..
A 74	(a) 353	Epilepsy ..	..	..	..	..
	370	Conjunctivitis and ophthalmia ..	..	..	..	..
	(b) 371-379	Other inflammatory diseases of eye ..	..	..	..	..
		<i>Carried forward</i> ..	169,344	118,899	134,972	423,215

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	169,344	118,899	134,972	423,215
		VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS —(cont.)				
A 75	385	Cataract	390	288	17	695
A 76	387	Glaucoma	31	27	..	58
A 77	(a) 390	Otitis externa	4,514	2,283	4,953	11,750
	(b) 391-393	Otitis media and mastoiditis	2,674	1,281	3,156	7,111
	(c) 394	Other inflammatory diseases of ear	6,162	3,870	6,718	16,750
A 78	(a) 380-384	All other diseases and conditions of eye	10,830	4,480	3,714	19,024
	386, 388					
	(b) 389					
	(c) 342	Intracranial and intraspinal abscess	1	2	..	3
	(c) 343	Encephalitis, myelitis and encephalomyelitis	11	1	..	12
	(d) 350	Paralysis agitans	36	6	1	43
	(e) 352	Other cerebral paralysis				
	(f) 356	Motor neurone disease and muscular atrophy	1	..	..	1
	(g) 357	Other diseases of spinal cord				
	(h) 366	Other and unspecified forms of neuralgia and neuritis	20,607	10,981	1,228	32,816
	(i) 367	Other diseases of cranial nerves	6	4	2	12
	(j) 369	Diseases of peripheral autonomic nervous system	14	20	1	35
	(k) 341,344	All other diseases of the nervous system and sense organs	11,507	6,352	799	18,658
	351,354					
	355					
	360-365					
	368					
	395-398					
		VII.—DISEASES OF THE CIRCULATORY SYSTEM				
A 79	(a) 400	Rheumatic fever without mention of heart involvement	1,353	525	29	1,907
	(b) 401	Rheumatic fever with heart involvement	9	7	1	17
	(c) 402	Chorea		3	..	3
A 80	(a) 410-413	Diseases of valves specified as rheumatic	2	..	..	2
	(b) 414	Other endocarditis specified as rheumatic .. .. .. .. ..	..	1	..	1
	(c) 415	Other myocarditis specified as rheumatic	1	3	..	4
	(d) 416	Other heart disease specified as rheumatic	15	11	..	26
A 81	(a) 420	Arteriosclerotic heart disease, including coronary disease	3	..	..	3
	(b) 421	Chronic endocarditis not specified as rheumatic	12	22	..	34
	(c) 422	Other myocardial degeneration	32	18	1	51
A 82	(a) 430	Acute and subacute endocarditis	5	2	1	8
	(b) 431	Acute myocarditis	16	8	..	24
	(c) 432	Acute pericarditis				
	(d) 433	Functional disease of heart	217	141	1	359
	(e) 434	Other and unspecified diseases of heart	552	373	34	959
A 83	440-443	Hypertension with heart disease	157	94	1	252
A 84	444-447	Hypertension without mention of heart	889	486	1	1,376
A 85	(a) 450	General arteriosclerosis	21	4	..	25
	(b) 451	Aortic aneurysm specified as non-syphilitic and dissecting aneurysm	1	..	..	1
	(c) 452	Other aneurysm, except of heart and aorta	1	1	..	2
	(d) 453	Peripheral vascular disease	1			
	(e) 454	Arterial embolism and thrombosis				
	(f) 455	Gangrene of unspecified cause	3	1	..	4
	(g) 456	Other diseases of arteries	18	10	14	42
A 86	(a) 460, 462	Varicose veins	279	124	3	406
	(b) 461	Haemorrhoids	1,285	389	..	1,674
	(c) 463-464	Phlebitis and thrombophlebitis	114	31	1	146
	(d) 465	Pulmonary embolism and infarction				
	(e) 466	Other venous embolism and thrombosis	40	17	3	60
	(f) 467	Other diseases of circulatory system	274	156	30	460
	(g) 468	(a) Adenitis	6,078	1,827	2,604	10,509
		(b) Lymphadenitis	418	158	177	753
		(c) Other diseases of lymph nodes and lymph channels	267	74	132	473
		<i>Carried forward</i> ..	238,190	152,980	158,594	549,764

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	238,190	152,980	158,594	549,764
VIII.—DISEASES OF THE RESPIRATORY SYSTEM						
A 87	(a) 470	Acute nasopharyngitis (common cold) ..	18,778	8,837	8,772	36,387
	(b) 471	Acute sinusitis	459	218	115	792
	(c) 472	Acute pharyngitis	2,539	1,179	991	4,709
	(d) 473	Acute tonsillitis	2,892	1,587	2,202	6,681
	(e) 474	Acute laryngitis and tracheitis	471	181	191	843
	(f) 475	Other acute upper respiratory infections ..	2,563	1,141	1,687	5,391
A 88	(a) 480	Influenza with pneumonia	140	66	213	419
	(b) 481	Influenza with other respiratory manifestations, and influenza unqualified ..	36,936	14,148	14,775	65,859
	(c) 482	Influenza with digestive manifestations, but without respiratory symptoms ..	7,255	2,485	2,889	12,629
	(d) 483	Influenza with nervous manifestations, but without digestive or respiratory symptoms	612	286	249	1,147
A 89	490	Lobar pneumonia	134	83	117	334
A 90	491	Broncho-pneumonia	45	29	1,183	1,257
A 91	492-493	Primary atypical, other and unspecified pneumonia	207	241	859	1,307
A 92	500	Acute bronchitis	9,257	4,823	11,027	25,107
A 93	(a) 501	Bronchitis unqualified	64,507	35,802	71,911	172,220
	(b) 502	Chronic bronchitis	4,788	2,300	1,578	8,666
A 94	510	Hypertrophy of tonsils and adenoids ..	9	7	13	29
A 95	(a) 518	Empyema	5	1	..	6
	(b) 521	Abscess of lung	7	2	..	9
A 96	519	Pleurisy	188	74	8	270
A 97	(a) 517	Other diseases of upper respiratory tract ..	1,762	954	1,190	3,906
	(b) 520	Spontaneous pneumothorax ..				
	(c) 522	Pulmonary congestion and hypostasis ..				
	(d) 525	Other chronic interstitial pneumonia ..				
	(e) 523	Pneumoconiosis	1	..	..	1
	(f) 526	Bronchiectasis	206	90	191	487
	(g) 511-516 } 524 527 }	All other respiratory diseases	4,053	2,817	4,724	11,594
IX.—DISEASES OF THE DIGESTIVE SYSTEM						
A 98	(a) 530	Dental caries	7,101	3,759	3,769	14,629
	(b) 531-535	(a) Gingivitis	300	143	67	510
		(b) Pyorrhoea	499	282	61	842
		(c) Other diseases of teeth and supporting structures	623	321	355	1,299
A 99	540	Ulcer of stomach	308	81	..	389
A 100	541	Ulcer of duodenum	105	27	..	132
A 101	543	Gastritis and duodenitis	10,768	6,745	2,337	19,850
A 102	550-553	Appendicitis	98	25	16	139
A 103	(a) 560	Hernia of abdominal cavity without mention of obstruction	306	6	31	343
	(b) 561	Hernia of abdominal cavity with obstruction	21	..	7	28
	(c) 570	(a) Intussusception				
		(b) Volvulus				
		(c) Other intestinal obstruction	59	5	12	76
A 104	(a) 571.0	Gastro-enteritis and colitis between 4 weeks and 2 years .. .. ..	..	..	13,699	13,699
	(b) 571.1	Gastro-enteritis and colitis, ages 2 years and over	12,660	6,273	8,509	27,442
	(c) 572	Chronic enteritis and ulcerative colitis	104	25	18	147
A 105	(a) 581.0	Cirrhosis of liver without mention of alcoholism	47	4	..	51
	(b) 581.1	Cirrhosis of liver with alcoholism	8	..	..	8
A 106	(a) 584	Cholelithiasis	3	2	..	5
	(b) 585	Cholecystitis without mention of calculi	7	9	7	23
A 107	(a) 536	Stomatitis	2,175	1,418	2,739	6,332
		<i>Carried forward</i> ..	431,196	249,456	315,106	995,758

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	431,196	249,456	315,106	995,758
IX.—DISEASES OF THE DIGESTIVE SYSTEM—(cont.)						
(b)	538	Other diseases of buccal cavity	2,756	1,511	1,858	6,125
(c)	539	(a) Functional disorders of oesophagus	4	3	..	7
		(b) Stricture or obstruction of oesophagus	4	..	..	4
(d)	544	Disorders of function of stomach	5,236	3,122	1,995	10,353
(e)	545	Other diseases of stomach and duodenum	8,050	5,511	2,445	16,006
(f)	573	(a) Constipation	31,253	14,098	10,425	55,776
		(b) Other functional disorders of intestines	2,266	1,394	868	4,528
(g)	574	Anal fissure and fistula	47	7	1	55
(h)	575	Abscess of anal and rectal regions	80	6	9	95
(i)	576	Peritonitis	5	..	..	5
(j)	578	Other diseases of intestines and peritoneum	317	168	90	575
(k)	580	(a) Acute yellow atrophy of liver	11	..	7	18
		(b) Degeneration of liver	1	..	..	1
		(c) Hepatitis	245	81	25	351
(l)	583	Other diseases of liver	103	31	24	158
(m)	586	Other diseases of gall-bladder and biliary ducts	46	24	10	80
(n)	587	Diseases of pancreas .. ..	..	1	..	1
(o)	537,542 } 577,582 }	Other diseases of digestive system	8,725	5,346	3,685	17,756
X.—DISEASES OF THE GENITO-URINARY SYSTEM						
A 108	590	Acute nephritis	155	67	35	257
A 109	(a) 591	Nephritis with oedema, including nephrosis	40	29	12	81
	(b) 592	Chronic nephritis	269	120	25	414
	(c) 593	Nephritis not specified as acute or chronic	603	440	162	1,205
	(d) 594	Other renal sclerosis	7	5	..	12
A 110	600	Infections of kidney	178	95	..	276
A 111	(a) 602	Calculi of kidney and ureter	14	3	..	17
	(b) 604	Calculi of other parts of urinary system	17	2	..	19
A 112	610	Hyperplasia of prostate	6	..	..	6
A 113	620-621	Diseases of breast .. ..	..	141	5	146
A 114	(a) 603	Other diseases of kidney and ureter	171	155	17	343
	(b) 605	Cystitis	654	465	28	1,147
	(c) 606	Other diseases of bladder	44	17	10	71
	(d) 608	Stricture of urethra	100	3	2	105
	(e) 609	Other diseases of urethra	646	144	34	824
	(f) 612	Other diseases of prostate	16	..	..	16
	(g) 613	Hydrocele	88	..	3	91
	(h) 614	Orchitis and epididymitis	212	..	10	222
	(i) 617	Other diseases of male genital organs	304	..	25	329
	(j) 622	Acute salpingitis and oophoritis .. ..	..	43	..	43
	(k) 625	Other diseases of ovary and fallopian tube .. ..	..	70	..	70
	(l) 626	Diseases of parametrium and pelvic peritoneum (female) .. ..	..	..	..	..
	(m) 630	Infective disease of uterus, vagina and vulva .. ..	..	325	8	333
	(n) 633	Other diseases of uterus .. ..	..	591	..	591
	(o) 634	Disorders of menstruation .. ..	..	3,413	..	3,413
	(p) 637	Other diseases of female genital organs .. ..	..	603	..	603
	(q) 601 } 607,611 } 615-616 } 623-624 } 631-632 } 635-636 }	All other diseases of the genito-urinary system	3,329	3,379	641	7,349
		<i>Carried forward</i> ..	497,198	290,869	337,568	1,125,635

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	497,198	290,869	337,568	1,125,635
		XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM				
A 115	(a) 640	Pyelitis and pyelonephritis of pregnancy ..	..	105	..	105
	(b) 641	Other infections of genito-urinary tract during pregnancy ..	..	39	..	39
	(c) 681	Sepsis of childbirth and the puerperium ..	..	3	..	3
	(d) 682	Puerperal phlebitis and thrombosis ..	..		
	(e) 684	Puerperal pulmonary embolism ..	..		
A 116	(a) 642	(a) Albuminuria of pregnancy ..	..	593	..	593
	(b)	(b) Eclampsia of pregnancy ..	..	8	..	8
	(c)	(c) Hyperemesis gravidarum ..	..	359	..	359
	(d)	(d) Acute yellow atrophy of liver ..	..		
	(e)	(e) Other toxæmias of pregnancy ..	..	114	..	114
	(b) 652	Abortion with toxæmia, without mention of sepsis ..	..	10	..	10
	(c) 685	Puerperal eclampsia ..	..	5	..	5
	(d) 686	Other forms of puerperal toxæmia ..	..	1	..	1
A 117	(a) 643	Placenta praevia ..	..		
	(b) 644	Other haemorrhage of pregnancy ..	..	42	..	42
	(c) 670	Delivery complicated by placenta praevia or antepartum haemorrhage ..	..		
	(d) 671	Delivery complicated by retained placenta ..	..	7	..	7
	(e) 672	Delivery complicated by other post-partum haemorrhage ..	..	15	..	15
A 118	650	Abortion without mention of sepsis or toxæmia ..	..	416	..	416
A 119	651	Abortion with sepsis ..	..	26	..	26
A 120	(a) 645	Ectopic pregnancy ..	..	24	..	24
	(b) 646	Anæmia of pregnancy ..	..	4,606	..	4,606
	(c) 683	Pyrexia of unknown origin during the puerperium ..	..	73	..	73
	(d) 688.1	Puerperal psychoses ..	..		
	(e) 689	Mastitis and other disorders of lactation ..	..	123	..	123
	(f) 647-649					
	673-680					
	687					
	688.0					
	688.2-688.3					
	(g) 660	Other complications of pregnancy, childbirth and the puerperium ..	..	8,460	..	8,460
		Delivery without complications ..	..	3,702	..	3,702
		XII.—DISEASES OF THE SKIN AND CELLULAR TISSUE AND				
		XIII.—DISEASES OF THE BONES AND ORGANS OF MOVEMENT				
A 121	(a) 690	Boil and carbuncle ..	6,213	2,087	3,700	12,000
	(b) 691-693	Cellulitis and abscess ..	8,316	2,845	4,179	15,340
	(c) 694-698	Other infections of skin and subcutaneous tissue ..	24,251	9,208	12,692	46,151
A 122	(a) 720	Acute arthritis due to pyogenic organisms ..	197	119	13	329
	(b) 721	Acute nonpyogenic arthritis ..	86	81	..	167
	(c) 722	Rheumatoid arthritis and allied conditions ..	112	59	2	173
	(d) 723-725	Arthritis specified and unspecified ..	1,864	1,040	32	2,936
A 123	(a) 726	Muscular rheumatism ..	3,404	1,297	19	4,720
	(b) 727	Rheumatism unspecified ..	10,521	4,364	165	15,050
A 124	730	Osteomyelitis and periostitis ..	93	25	9	127
A 125	(a) 737	Ankylosis of joint ..	94	53	6	153
	(b) 745-749	Other acquired musculoskeletal deformities ..	42	4	14	60
A 126	(a) 715	Chronic ulcer of skin (including tropical ulcer) ..	11,354	4,210	7,408	22,972
	(b) 700-714	All other diseases of skin ..	57,841	20,942	30,308	109,091
	716					
	(c) 731-736	All other diseases of musculoskeletal system ..	6,970	3,192	594	10,756
	738-744					
		<i>Carried forward</i> ..	628,556	359,126	396,709	1,384,391

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Inter- mediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	628,556	359,126	396,709	1,384,391
XIV.—CONGENITAL MALFORMATIONS						
A 127	751	Spine bifida and meningocele ..				
A 128	754	Congenital malformations of circulatory system .. .. .. .. ..	..	..	1	1
A 129	(a) 750	Monstrosity .. .. .. .. ..	..	..
	(b) 752	Congenital hydrocephalus .. .. ..	..	..	4	4
	(c) 753	Other congenital malformations of nervous system and sense organs				
	(d) 755	Cleft palate and harelip	4	..	23	27
	(e) 756	(a) Congenital hypertrophic pyloric stenosis .. .. ..	..	..	1	1
		(b) Imperforate anus .. .. ..	..	..	1	1
		(c) Other congenital malformations of digestive system .. .. ..	..	..	2	2
	(f) 757	Congenital malformations of genito-urinary system .. .. ..	..	..	3	3
	(g) 758	Congenital malformations of bone and joint .. .. ..	..	..
	(h) 759	Other and unspecified congenital malformations, not elsewhere classified .. .. ..	..	.. 1	60	61
XV.—CERTAIN DISEASES OF EARLY INFANCY						
A 130	(a) 760	Intracranial and spinal injury at birth ..				
	(b) 761	Other birth injury				
A 131	762	Postnatal asphyxia and atelectasis .. .. ..	..		
A 132	(a) 764	Diarrhoea of newborn .. .. ..	..	..
	(b) 765	Ophthalmia neonatorum .. .. ..	..	..	147	147
	(c) 763	Pneumonia of newborn .. .. ..	..	..	4	4
	(d) 766	Pemphigus neonatorum .. .. ..	..	..	19	19
	(e) 767	Umbilical sepsis .. .. ..	..	..	5	5
	(f) 768	Other sepsis of newborn .. .. ..	..	..	86	86
A 133	770	Haemolytic disease of newborn .. ..	..		
A 134	769	All other defined diseases of early infancy .. .. ..	..	..	68	68
A 135	771-772 }	Congenital debility .. .. ..	..	..	99	99
	(a) 773	Premature birth .. .. ..	..	..	1	1
	(b) 774	Other ill-defined diseases peculiar to early infancy and immaturity .. .. ..	..	..
	(c) 775-776	unqualified .. .. ..	..	..	45	45
XVI.—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS						
A 136	794	Senility without mention of psychoses ..	2,942	2,391	..	5,333
A 137	(a) 780	Infantile convulsions .. .. ..	..	..	273	273
	(b) 788.8	Pyrexia of unknown origin	7,144	3,318	4,809	15,271
	(c) 793	Observation, without need for further medical care	2,564	1,268	1,009	4,841
	(d) 781-787	(a) Malingering	426	295	..	721
	789-792	(b) Sudden death (cause unknown) ..				
	795	(c) Found dead (cause unknown) ..				
	788.1-788.7	(d) Other ill-defined and unknown causes of morbidity and mortality ..	3,113	799	1,735	5,647
	788.9	<i>Carried forward</i> ..	644,749	367,198	405,104	1,417,051

TABLE 6—(cont.)

OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Inter- mediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)				
			Adult Males	Adult Females	Children under 10 years	Total	
		<i>Brought forward</i> ..	644,749	367,198	405,104	1,417,051	
XVII.—ACCIDENTS, POISONINGS AND VIOLENCE							
"E" CODE : ALTERNATIVE CLASSIFI- CATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSES)							
AE 138	E 810-E 835	Motor vehicle accidents	3,242	632	607	4,481	
AE 139 (a)	E 800-E 802	Railway accidents	135	2	3	140	
(b)	E 850-E 858	Water transport accidents		1	..	1	
(c)	E 860-E 866	Aircraft accidents	1		1	2	
(d)	E 840-E 845	Other transport accidents	2,170	783	1,131	4,084	
AE 140 (a)	E 870	Accidental poisoning by morphia and other opium derivatives			5	5	
(b)	E 874	Accidental poisoning by other analgesic and soporific drugs	9	..	..	9
(c)	E 878	Accidental poisoning by other and unspecified drugs	4	2	..	6	
(d)	E 883	Accidental poisoning by corrosive aromatics, acids and caustic alkalies ..	6	1	3	10	
(e)	E 884	Accidental poisoning by mercury and its compounds					
(f)	E 885	Accidental poisoning by lead and its compounds					
(g)	E 886	Accidental poisoning by arsenic and antimony and their compounds ..	6	1	..	7	
(h)	E 888	Accidental poisoning by other and unspecified solid or liquid substances ..	1	4	1	6	
(i)	E 890-E 895	Accidental poisoning by gases and vapours					
(j)	E 871-E 873 E 875-E 877 E 879-E 882 E 887 }	Other accidental poisoning	145	57	154	356	
AE 141	E 900-E 904	Accidental falls	29,819	7,644	13,351	50,814	
AE 142	E 912	Accident caused by machinery	359	26	26	411	
AE 143	E 916	Accident caused by fire and explosion of combustible material	427	178	310	915	
AE 144	E 917-E 918	Accident caused by hot substance, corrosive liquid, steam and radiation ..	501	215	405	1,121	
AE 145	E 919	Accident caused by firearm	104	6	4	114	
AE 146	E 929	Accidental drowning and submersion ..	4	..	1	5	
AE 147 (a)	E 913	Accidents caused by cutting or piercing instruments	14,765	3,688	5,034	23,487	
(b)	E 914	Accidents caused by electric current ..	9	4	1	14	
(c)	E 920	Foreign body entering eye and adnexa ..	234	63	98	395	
(d)	E 923	Foreign body entering other orifice ..	157	71	217	445	
(e)	E 925	Accidental mechanical suffocation ..	5	2	1	8	
(f)	E 926	Lack of care of infants under one year of age			6	6	
(g)	E 927	Accidents caused by bites and stings of venomous animals and insects ..	2,149	727	740	3,616	
(h)	E 928	Other accidents caused by animals ..	2,448	1,013	1,385	4,846	
(i)	E 931	Excessive heat	2	..	..	2
(j)	E 932	Excessive cold	3	2	4	9	
(k)	E 933	Hunger, thirst and exposure	2	3	7	12	
(l)	E 934	Cataclysm	2	1	2	5	
(m)	E 935	Lightning		1	..	1	
(n)	E 936	(a) Accidents in mines and quarries ..	294	57	6	357	
		(b) Agricultural and forestry accidents ..	356	80	42	478	
		(c) Accidental injury by crushing or landslide		1,451	308	471	2,230
(o)	E 940	(d) Other and unspecified accidents ..	2,681	612	879	4,172	
(p)	E 941-E 942	Generalized vaccinia following vaccination	145	58	237	440	
(q)	E 950-E 953 E 955-E 959 }	Other complications of smallpox vaccination	28	4	230	262	
(r)	E 954	Accidents due to medical or surgical intervention					
		Anaesthetic accidents					
		<i>Carried forward</i> ..	706,413	383,444	430,466	1,520,323	

TABLE 6—(cont.)
OUT-PATIENTS (FIXED DISPENSARIES)—(cont.)
RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	706,413	383,444	430,466	1,520,323
		XVII.—ACCIDENTS, POISONINGS AND VIOLENCE—(cont.)				
		“E” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSES)—(cont.)				
(s)	E910-E911 E 915 E921-E922 E 924-E930 E943-E946 E960-E965 } AE 148 (a)	All other accidental causes	1,807	449	551	2 807
(b)	E 970	Suicide and self-inflicted injury by analgesic and soporific substances ..				
(c)	E 971	Suicide and self-inflicted injury by other solid and liquid substances ..	5	..	..	5
(d)	E 972	Suicide and self-inflicted injury by gases in domestic use ..				
(e)	E 973	Suicide and self-inflicted injury by other gases ..				
(f)	E 974	Suicide and self-inflicted injury by hanging or strangulation ..	3	..	..	3
(g)	E 975	Suicide and self-inflicted injury by submersion (drowning) ..				
(h)	E 976	Suicide and self-inflicted injury by firearms and explosives ..	1	..	..	1
(i)	E 977	Suicide and self-inflicted injury by cutting or piercing instruments ..	8	1	..	9
(j)	E 978	Suicide and self-inflicted injury by jumping from high place ..	..	1	..	1
AE 149 (a)	E 979	Suicide and self-inflicted injury by other and unspecified means ..	2	2	..	4
(b)	E 980	Nonaccidental poisoning by another person ..	4	4	..	8
(c)	E 981	Assault by firearms and explosive ..	72	11	..	83
(d)	E 982	Assault by cutting or piercing instruments ..	620	204	79	903
(e)	E 983	Assault by other means	3,782	1,278	274	5,334
(f)	E 984	Injury by intervention of police ..	14	3	5	22
AE 150	E 985 E 990-E 999	Execution (legal)	15	..	..	15
		Injury resulting from operations of war ..				
		“N” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONING, AND VIOLENCE (NATURE OF INJURY)				
AN 138	N 800-N 804	Fracture of skull	6	3	..	9
AN 139	N 805-N 809	Fracture of spine and trunk				
AN 140	N 810-N 829	Fracture of limbs	99	18	33	150
AN 141	N 830-N 839	Dislocation without fracture	45	16	23	84
AN 142	N 840-N 848	Sprains and strains of joints and adjacent muscles	2,478	489	275	3,242
AN 143	N 850-N 856	Head injury excluding fracture	93	40	52	185
AN 144	N 860-N 869	Internal injury of chest, abdomen and pelvis	1			1
AN 145	N 870-N 908	Laceration and open wounds	2,257	531	845	3,633
AN 146	N 910-N 929	Superficial injury, contusion and crushing with intact skin surface	1,952	647	819	3,418
AN 147	N 930-N 936	Effects of foreign body entering through orifice	24	8	34	66
AN 148	N 940-N 949	Burns	1,101	505	1,127	2,733
AN 149	N 960-N 979	Effects of poisons	30	..	6	36
AN 150	N950-N959 } N980-N999 }	All other and unspecified effects of external causes	2,663	1,038	1,452	5,153
		TOTAL ..	723,495	388,692	436,041	1,548,228

TABLE 6—(*cont.*)OUT-PATIENTS (FIXED DISPENSARIES)—(*cont.*)RETURN OF DISEASES FOR THE YEAR 1952—(*cont.*)

Nationalities	New Cases All Nationalities (including Europeans)				Total (A)
	Adult Males	Adult Females	Children under 10 years		
Europeans	6,137	3,144	1,803		11,084
Eurasians	4,551	3,087	2,444		10,082
Chinese	251,576	162,459	194,294		608,329
Indians	172,623	84,185	89,806		346,614
Malays	276,561	130,550	141,465		548,576
Javanese	7,667	2,517	3,621		13,805
Japanese	2	5	..		7
Others	4,378	2,745	2,608		9,731
TOTAL .	723,495	388,692	436,041		1,548,228

TABLE 7
OUT-PATIENTS (TRAVELLING DISPENSARIES)
RETURN OF DISEASES FOR THE YEAR 1952

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		I.—INFECTIVE AND PARASITIC DISEASES				
A 1	001-008	Tuberculosis of respiratory system ..	136	49	4	189
A 2	010	Tuberculosis of meninges and central nervous system ..				
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands ..				
A 4	012-013	Tuberculosis of bones and joints ..	3	1	..	4
A 5	(a) 014	Tuberculosis of skin and subcutaneous cellular tissue ..				
	(b) 015	Tuberculosis of lymphatic system ..	2	2	2	6
	(c) 016	Tuberculosis of genito-urinary system ..				
	(d) 017	Tuberculosis of adrenal glands ..				
	(e) 018	Tuberculosis of other organs ..				
	(f) 019	Disseminated tuberculosis ..				
A 6	020	Congenital syphilis ..				
A 7	(a) 021.0-021.1	Primary syphilis ..	3	..	..	3
	(b) 021.2	Secondary syphilis ..	12	2	..	14
	(c) 021.3	Early syphilis, relapse following treatment ..				
	(d) 021.4	Early syphilis (unspecified stage) ..				
A 8	024	Tabes dorsalis ..				
A 9	025	General paralysis of insane ..				
A 10	(a) 022	Aneurysm of aorta ..				
	(b) 023	Other cardiovascular syphilis ..				
	(c) 026	Other syphilis of central nervous system ..				
	(d) 027	Tertiary syphilis ..	59	26	..	85
	(e) 028	Latent syphilis ..				
	(f) 029	Syphilis unqualified ..	3	1	..	4
A 11	(a) 030	Acute or unspecified gonorrhoea ..	103	29	..	132
	(b) 031	Chronic gonococcal infection of genito-urinary system ..	78	29	..	107
	(c) 032	Gonocoecal infection of joint ..	1	2	..	3
	(d) 033	Gonocoecal infection of eye ..	26	1	..	27
	(e) 034-035	Gonocoecal infection of other sites ..	17	..	..	17
A 12	040	Typhoid fever ..				
A 13	(a) 041	Paratyphoid fever A, B or C ..				
	(b) 042	Other salmonella infections ..				
A 14	043	Cholera ..				
A 15	044	Brucellosis (undulant fever) ..				
A 16	(a) 045	Bacillary dysentery ..	63	34	27	124
	(b) 046	Amoebiasis ..	5	6	3	14
	(c) 047-048	Other protozoal and unspecified forms of dysentery ..	1,102	727	884	2,713
A 17	050	Scarlet fever ..				
A 18	051	Streptococcal sore throat ..	19	7	7	33
A 19	052	Erysipelas ..	2	..	..	2
A 20	053	Septicaemia and pyaemia ..				
A 21	055	Diphtheria ..				
A 22	056	Whooping Cough ..	48	28	270	346
A 23	057	Meningoenceal infections ..				
A 24	058	Plague ..				
A 25	060	Leprosy ..	2	..	1	3
A 26	(a) 061	Tetanus of the new-born ..				
	(b) —	Tetanus, other forms ..	..	..	1	1
A 27	062	Anthrax ..				
A 28	080	Acute Poliomyelitis ..				
A 29	082	Acute infectious encephalitis ..				
A 30	081	Late effects of acute poliomyelitis and acute infectious encephalitis ..				
	083	Smallpox ..				
A 31	084	Measles ..	13	9	105	127
A 32	085	Yellow fever ..				
A 33	091	Infectious hepatitis ..				
A 34	092	Rabies ..				
A 35	094	Louse-borne epidemic typhus ..				
A 36	(a) 100	Flea-borne endemic typhus (murine) ..				
	(b) 101	Tick-borne epidemic typhus ..				
	(c) 104	Mite-borne typhus ..				
	(d) 105	Other and unspecified typhus ..				
	(e) 102-103	Vivax malaria (benign tertian) ..	62	31	47	140
	106-108	Malariae malaria (quartan) ..	3	1	2	6
		Falciparum malaria (malignant tertian) ..	100	26	100	226
		Carried forward ..	1,862	1,011	1,462	4,335

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Inter- mediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	1,862	1,011	1,462	4,335
I.—INFECTIVE AND PARASITIC DISEASES—(cont.)						
		(d) 114 Mixed malaria infections	147	79	66	292
		(e) 115 Blackwater fever				
		(f) 113 Other and unspecified forms of malaria ..	36,588	20,624	18,648	75,860
A 38	116-117 } (a) 123.0 Schistosomiasis vesical (S. haematobium)					
		(b) 123.1 Schistosomiasis intestinal (S. Mansoni) ..				
		(c) 123.2 Schistosomiasis Pulmonary (S. japonicum) ..				
		(d) 123.3 Other and unspecified Schistosomiasis ..				
A 39	125 Hydatid disease					
A 40	(a) 127 Onchocerciasis					
	(b) — Loiasis					
	(c) — Filariasis (bancrofti)	23	12	4	39	
	(d) — Other filariasis	95	115	285	495	
A 41	129 Ankylostomiasis	1,399	1,004	1,764	4,167	
A 42	(a) 126 Tape worm (infestation) and other cestode infestation					
	(b) 130.0 Ascariasis	6,401	5,285	32,788	44,474	
	(c) 130.3 Guinea worm (dracunculosis)					
	(d) 124 Other trematode infestation					
	(e) 128 Trichiniasis	160	86	4	250	
	(f) 130.1-130.2 Other diseases due to helminths	979	793	3,684	5,406	
A 43	(a) 036 Chancroid	1	..	..	1	
	(b) 037 Lymphogranuloma venereum					
	(c) 038 Granuloma inguinale, venereal					
	(d) 039 Other and unspecified venereal diseases					
	(e) 049 Food poisoning infection and intoxication	2	2	..	4	
	(f) 059 Tularaemia					
	(g) 063 Gas gangrene					
	(h) 064 (a) Glanders					
		(b) Melioidosis				
		(c) Other bacterial diseases				
	(i) 070 Vincent's infection					
	(j) 071 Relapsing fever					
	(k) 072 Leptospirosis icterohaemorrhagica (Weil's disease)					
	(l) 073 Yaws	7,585	5,497	10,926	24,008	
	(m) 086 Rubella	6	10	20	36	
	(n) 087 Chickenpox	45	22	133	200	
	(o) 088 Herpes Zoster	36	18	16	70	
	(p) 089 Mumps	83	49	199	331	
	(q) 090 Dengue	1	..	4	5	
	(r) 093 Glandular fever					
	(s) 095 Trachoma					
	(t) 096.7 Sandfly fever					
	(u) 120 Leishmaniasis					
	(v) 121 (a) Trypanosomiasis gambiensis					
		(b) Trypanosomiasis rhodesiensis				
		(c) Other and unspecified trypanosomiasis				
	(w) 131 Dermatophytosis	201	57	187	445	
	(x) 135 Scabies	11,512	6,228	19,531	37,271	
	(y) 054, 074 } 096.1-096.6 All other diseases classified as infective					
		096.8, 096.9 } 122 and parasitic				
		132-134 } 136-138	2,754	1,365	6,366	10,485
II.—NEOPLASMS						
A 44	140-148 Malignant neoplasm of buccal cavity and pharynx					
A 45	150 Malignant neoplasm of oesophagus					
A 46	151 Malignant neoplasm of stomach					
A 47	(a) 152 Malignant neoplasm of small intestine, including duodenum					
	(b) 153 Malignant neoplasm of large intestine, except rectum					
		<i>Carried forward</i> ..	69,880	42,257	96,037	208,174

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	69,880	42,257	96,037	208,174
		II.—NEOPLASMS—(cont.)				
A 48	154	Malignant neoplasm of rectum ..				
A 49	161	Malignant neoplasm of larynx ..				
A 50	162-163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary ..				
A 51	170	Malignant neoplasm of breast ..				
A 52	171	Malignant neoplasm of cervix uteri ..				
A 53	172-174	Malignant neoplasm of other and unspecified parts of uterus ..				
A 54	177	Malignant neoplasm of prostate ..				
A 55	190-191	Malignant neoplasm of skin ..				
A 56	196-197	Malignant neoplasm of bone and connective tissue ..				
A 57	(a) 155-156	Malignant neoplasm of liver ..				
	(b) 157	Malignant neoplasm of pancreas ..				
	(c) 158	Malignant neoplasm of peritoneum ..				
	(d) 159	Malignant neoplasm of unspecified digestive organs ..				
	(e) 175-176	Malignant neoplasm of other and unspecified female genital organs ..				
	(f) 178-179	Malignant neoplasm of other and unspecified male genital organs ..				
	(g) 180-181	Malignant neoplasm of kidney, bladder and other urinary organs ..				
	(h) 160					
	164-165					
	192-195					
	198-199	Malignant neoplasm of all other and unspecified sites ..				
A 58	204	Leukaemia and Aleukaemia ..				
A 59	(a) 200	Lymphosarcoma and reticulosarcoma ..				
	(b) 201	Hodgkin's disease ..				
	(c) 202-203	Other neoplasm of lymphatic and haematopoietic system ..				
A 60	(d) 205	Mycosis Fungoides ..	539	242	341	1,122
	(a) 120-211	Benign neoplasm of buccal cavity, pharynx and digestive system ..	4	..	3	7
	(b) 217	Benign neoplasm of other female genital organs ..				
	(c) 218	Benign neoplasm of other male genital organs ..				
	(d) 212-216	Benign neoplasm of other and unspecified organs and tissue ..				
	219-229					
	(e) 230	Neoplasm of unspecified nature of digestive organs ..				
	(f) 233-235	Neoplasm of unspecified nature of other female genital organs ..				
	(g) 231-232	Neoplasm of unspecified nature of other unspecified organs ..	1	2	1	4
	236-239					
		III.—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES AND				
		IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS				
A 61	250-251	Nontoxic goitre ..		9	..	9
A 62	252	Thyrotoxicosis with or without goitre ..	..		
A 63	260	Diabetes mellitus ..	12	7	..	19
A 64	(a) 280	Beri Beri ..	624	715	93	1,432
	(b) 281	Pellagra ..	11	11	3	25
	(c) 282	Scurvy ..	3	2	..	5
	(d) 283-284	Rickets ..	..	..	148	148
	(e) 285	Osteomalacia ..				
	(f) 286.0	(a) Sprue ..	8	11	..	19
	286.5	(b) Malnutrition ..	323	319	608	1,250
	286.1-286.4	(c) Other deficiency states ..	1,314	1,271	1,825	4,410
	286.6					
		<i>Carried forward</i> ..	72,719	44,846	99,059	216,524

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	72,719	44,846	99,059	216,524
		III.—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES AND				
		IV.—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS —(cont.)				
A 65	(a) 290	Pernicious and other hyperchromic anaemias ..	81	58	16	155
	(b) 291	Iron deficiency anaemias (hypochromic) ..	2,151	3,884	2,227	8,262
	(c) 292-293	Other specified and unspecified anaemias ..	7,150	11,424	5,838	24,412
A 66	(a) 241	Asthma ..	3,169	1,798	1,349	6,316
	(b) 240	Angioneurotic oedema, urticaria and other allergic disorders ..	138	189	49	376
	242-245 }	Myxoedema and cretinism ..	..	..	..	..
	(c) 253	Other diseases of thyroid gland ..	..	..	..	..
	(d) 254	Disorders of pancreatic internal secretion other than diabetes mellitus ..	..	..	..	..
	(e) 270	Diseases of parathyroid gland ..	..	..	..	..
	(f) 271	Diseases of pituitary gland ..	..	..	..	..
	(g) 272	Diseases of thymus gland ..	..	..	..	..
	(h) 273	Diseases of adrenal gland ..	..	..	..	..
	(i) 274	Other diseases of endocrine glands ..	..	..	..	..
	(j) 275-277	Gout ..	2	..	..	2
	(k) 288	Other metabolic diseases ..	190	137	36	363
	(l) 287, 289	Polycythaemia ..	..	..	..	..
	(m) 294	Haemophilia ..	..	..	..	..
	(n) 295	Purpura and other haemorrhagic conditions ..	..	..	..	..
	(o) 296	Agranulocytosis ..	..	..	..	..
	(p) 297	Diseases of spleen ..	8	7	16	31
	(q) 298	Other diseases of blood and blood-forming organs ..	339	554	373	1,266
		V.—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS				
A 67	(a) 300	Schizophrenic disorders (dementia praecox) ..	..	..	..	..
	(b) 301	Maniac-depressive reaction ..	..	..	..	..
	(c) 302	Involutional melancholia ..	..	..	..	..
	(d) 303	Paranoia and paranoid states ..	..	..	..	..
	(e) 304	Senile psychoses ..	..	..	..	..
A 68	305-309	Other and unspecified psychoses ..	..	..	..	..
	(a) 311	Hysterical reaction ..	..	..	..	..
	(b) 314	Neurotic-depressive reaction ..	..	..	..	..
	(c) 322	Alcoholism ..	..	..	..	..
	(d) 323	Other drug addiction ..	..	..	..	..
	(e) 310	..	..	..	..	..
	312-313	..	..	..	..	..
	315-321	..	..	..	..	..
	324	..	..	..	..	..
	326	..	..	..	..	..
A 69	325	Other psychoneuroses and disorders of personality ..	..	..	..	..
		Mental deficiency ..	..	..	..	..
		VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS				
A 70	(a) 331	Cerebral haemorrhage ..	..	..	..	..
	(b) 332	Cerebral embolism and thrombosis ..	..	..	..	..
	(c) 330	Other vascular lesions affecting central nervous system ..	..	..	..	..
	333-334 }	..	34	40	..	74
A 71	340	Non-meningococcal meningitis ..	..	..	..	..
A 72	345	Multiple sclerosis ..	..	..	..	..
A 73	353	Epilepsy ..	..	..	..	..
A 74	(a) 370	Conjunctivitis and ophthalmia ..	..	..	..	..
	371-379	Other inflammatory diseases of eye ..	..	..	..	..
	(b) 370	..	5,003	4,313	7,117	16,433
	385	..	594	649	716	1,959
A 75	387	Cataract ..	..	..	..	..
A 76	390	Glaucoma ..	..	..	..	..
A 77	(a)	Otitis externa ..	..	..	..	..
		<i>Carried forward</i> ..	92,163	68,258	118,475	278,896

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	92,163	68,258	118,475	278,896
		VI.—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS —(cont.)				
A 78	(b) 391-393 (c) 394 (a) 380-384 386, 388 389	Otitis media and mastoiditis .. Other inflammatory diseases of ear .. All other diseases and conditions of eye ..	359 1,224 3,287	239 957 2,991	1,482 4,672 4,954	2,080 6,853 11,232
	(b) 342 (c) 343 (d) 350 (e) 352 (f) 356 (g) 357 (h) 366 (i) 367 (j) 369 (k) 341, 344 351, 354 355 360-365 368 395-398	Intracranial and intraspinal abscess .. Encephalitis, myelitis and encephalomyelitis .. Paralysis agitans Other cerebral paralysis Motor neurone disease and muscular atrophy Other diseases of spinal cord Other and unspecified forms of neuralgia and neuritis Other diseases of cranial nerves Diseases of peripheral autonomic nervous system		1 2 10,884 6 17	.. .. .. .. .. .. 1 8,238 16 13	1 3 2,661 22 17,161
		All other diseases of the nervous system and sense organs	8,887	6,677	1,597	
		VII.—DISEASES OF THE CIRCULATORY SYSTEM				
A 79	(a) 400 (b) 401 (c) 402	Rheumatic fever without mention of heart involvement .. Rheumatic fever with heart involvement .. Chorea ..		568	331	10
A 80	(a) 410-413 (b) 414 (c) 415 (d) 416	Diseases of valves specified as rheumatic .. Other endocarditis specified as rheumatic .. Other myocarditis specified as rheumatic .. Other heart disease specified as rheumatic ..				909
A 81	(a) 420 (b) 421	Arteriosclerotic heart disease, including coronary disease .. Chronic endocarditis not specified as rheumatic ..	571	619	..	1,190
A 82	(c) 422 (a) 430 (b) 431 (c) 432 (d) 433 (e) 434	Other myocardial degeneration .. Acute and subacute endocarditis .. Acute myocarditis Acute pericarditis Functional disease of heart		1	..	1
A 83	440-443	Other and unspecified diseases of heart ..	17	2	..	2
A 84	444-447	Hypertension with heart disease ..	1	3	8	28
A 85	(a) 450 (b) 451 (c) 452 (d) 453 (e) 454 (f) 455 (g) 456	Hypertension without mention of heart .. General arteriosclerosis .. Aortic aneurysm specified as non-syphilitic and dissecting aneurysm .. Other aneurysm, except of heart and aorta .. Peripheral vascular disease Arterial embolism and thrombosis .. Gangrene of unspecified cause		1	..	1
A 86	(a) 460, 462 (b) 461 (c) 463-464 (d) 465 (e) 466 (f) 467 (g) 468	Other diseases of arteries Varicose veins Haemorrhoids Phlebitis and thrombophlebitis Pulmonary embolism and infarction Other venous embolism and thrombosis Other diseases of circulatory system (a) Adenitis (b) Lymphadenitis (c) Other diseases of lymph nodes and lymph channels	21 101 629 9 109	18 31 1 12 30 493 4 5 56	.. .. .. .. .. .. .. 493 5 87	39 132 1 74 1,421 18 252
		<i>Carried forward</i> ..	118,890	88,766	134,474	342,130

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Inter- mediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	118,890	88,766	134,474	342,130
VIII.—DISEASES OF THE RESPIRATORY SYSTEM						
A 87	(a) 470	Acute nasopharyngitis (common cold) ..	1,849	1,240	2,119	5,208
	(b) 471	Acute sinusitis	2	..	..	2
	(c) 472	Acute pharyngitis	52	42	42	136
	(d) 473	Acute tonsillitis	175	127	346	648
	(e) 474	Acute laryngitis and tracheitis	24	33	27	84
	(f) 475	Other acute upper respiratory infections ..	359	247	530	1,136
A 88	(a) 480	Influenza with pneumonia	79	61	211	351
	(b) 481	Influenza with other respiratory manifestations, and influenza unqualified ..	7,630	5,125	6,544	19,299
	(c) 482	Influenza with digestive manifestations, but without respiratory symptoms ..	73	34	86	193
	(d) 483	Influenza with nervous manifestations, but without digestive or respiratory symptoms ..	1,494	879	1,351	3,724
A 89	490	Lobar pneumonia	5	1	4	10
A 90	491	Broncho-pneumonia	1	7	35	43
A 91	492-493	Primary atypical, other and unspecified pneumonia	33	21	103	157
A 92	500	Acute bronchitis	3,741	3,012	6,953	13,706
A 93	(a) 501	Bronchitis unqualified	21,122	13,608	25,772	60,502
	(b) 502	Chronic bronchitis	3,101	1,780	2,567	7,448
A 94	510	Hypertrophy of tonsils and adenoids ..	13	32	58	103
A 95	(a) 518	Empyema				
	(b) 521	Abscess of lung	9	6	13	28
A 96	519	Pleurisy	7	5	..	12
A 97	(a) 517	Other diseases of upper respiratory tract ..	113	58	99	270
	(b) 520	Spontaneous pneumothorax				
	(c) 522	Pulmonary congestion and hypostasis ..				
	(d) 525	Other chronic interstitial pneumonia ..				
	(e) 523	Pneumoconiosis	1	2	..	3
	(f) 526	Bronchiectasis	12	7	..	19
	(g) 511-516 } 524 527 }	All other respiratory diseases	1,000	564	1,001	2,565
IX.—DISEASES OF THE DIGESTIVE SYSTEM						
A 98	(a) 530	Dental caries	1,350	1,080	2,074	4,504
	(b) 531-535	(a) Gingivitis	101	89	160	350
	(b)	(b) Pyorrhoea	134	101	11	246
		(c) Other diseases of teeth and supporting structures	560	413	660	1,633
A 99	540	Ulcer of stomach	13	2	..	15
A 100	541	Ulcer of duodenum	2	..	..	2
A 101	543	Gastritis and duodenitis	1,861	1,587	921	4,369
A 102	550-553	Appendicitis	22	26	..	48
A 103	(a) 560	Hernia of abdominal cavity without mention of obstruction .. .. ..	..	..	1	1
	(b) 561	Hernia of abdominal cavity with obstruction	1	1	1	3
	(c) 570	(a) Intussusception				
		(b) Volvulus				
		(c) Other intestinal obstruction	1	7	..	8
A 104	(a) 571.0	Gastro-enteritis and colitis between 4 weeks and 2 years .. .. ..	..	..	2,898	2,898
	(b) 571.1	Gastro-enteritis and colitis, ages 2 years and over	2,810	1,942	3,015	7,767
	(c) 572	Chronic enteritis and ulcerative colitis	33	36	16	85
A 105	(a) 581.0	Cirrhosis of liver without mention of alcoholism	19	3	..	22
	(b) 581.1	Cirrhosis of liver with alcoholism	1	..	..	1
A 106	(a) 584	Cholelithiasis				
	(b) 585	Cholecystitis without mention of calculi				
A 107	(a) 536	Stomatitis	478	505	992	1,975
	(b) 538	Other diseases of buccal cavity	294	273	597	1,164
	(c) 539	(a) Functional disorders of oesophagus	8	6	13	27
		(b) Stricture or obstruction of oesophagus	1	1	..	2
		<i>Carried forward</i> ..	167,474	121,729	193,694	482,897

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	167,474	121,729	193,694	482,897
		IX.—DISEASES OF THE DIGESTIVE SYSTEM—(cont.)				
(d)	544	Disorders of function of stomach ..	1,765	1,621	2,575	5,961
(e)	545	Other diseases of stomach and duodenum ..	1,179	897	418	2,494
(f)	573	(a) Constipation ..	12,696	7,483	6,720	26,899
		(b) Other functional disorders of intestines ..	712	418	480	1,610
(g)	574	Anal fissure and fistula ..	..	..	..	..
(h)	575	Abscess of anal and rectal regions ..	5	..	..	5
(i)	576	Peritonitis ..	..	..	..	..
(j)	578	Other diseases of intestines and peritoneum ..	31	46	34	111
(k)	580	(a) Acute yellow atrophy of liver ..	3	..	1	4
		(b) Degeneration of liver ..	..	..	..	..
		(c) Hepatitis ..	28	15	6	49
(l)	583	Other diseases of liver ..	9	2	3	14
(m)	586	Other diseases of gall-bladder and biliary ducts ..	5	1	1	7
(n)	587	Diseases of pancreas ..	..	..	..	..
(o)	537, 542 } 577, 582 }	Other diseases of digestive system ..	2,076	1,953	1,234	5,263
		X.—DISEASES OF THE GENITO-URINARY SYSTEM				
A 108	590	Acute nephritis ..	25	26	19	70
A 109	(a) 591	Nephritis with oedema, including nephrosis ..	15	4	5	24
	(b) 592	Chronic nephritis ..	46	19	3	68
	(c) 593	Nephritis not specified as acute or chronic ..	55	35	19	109
	(d) 594	Other renal sclerosis ..	2	..	..	2
A 110	600	Infections of kidney ..	11	..	30	41
A 111	(a) 602	Calculi of kidney and ureter ..	..	..	..	..
	(b) 604	Calculi of other parts of urinary system ..	..	..	..	..
A 112	610	Hyperplasia of prostate ..	..	..	..	..
A 113	620-621	Diseases of breast ..	..	5	..	5
A 114	(a) 603	Other diseases of kidney and ureter ..	54	10	..	64
	(b) 605	Cystitis ..	31	19	6	56
	(c) 606	Other diseases of bladder ..	..	..	..	..
	(d) 608	Stricture of urethra ..	18	9	..	27
	(e) 609	Other diseases of urethra ..	43	15	5	63
	(f) 612	Other diseases of prostate ..	..	..	..	..
	(g) 613	Hydrocele ..	2	..	..	2
	(h) 614	Orchitis and epididymitis ..	32	..	1	33
	(i) 617	Other diseases of male genital organs ..	12	..	1	13
	(j) 622	Acute salpingitis and oophoritis ..	..	..	..	..
	(k) 625	Other diseases of ovary and fallopian tube ..	..	..	..	..
	(l) 626	Diseases of parametrium and pelvi-peritoneum (female) ..	..	..	..	..
	(m) 630	Infective disease of uterus, vagina and vulva ..	..	..	..	..
	(n) 633	Other diseases of uterus ..	..	2	..	2
	(o) 634	Disorders of menstruation ..	..	269	..	269
	(p) 637	Other diseases of female genital organs ..	..	17	..	17
	(q) 601 } 607, 611 } 615-616 } 623-624 } 631-632 } 635-636 }	All other diseases of the genito-urinary system ..	287	259	121	667
		XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM				
A 115	(a) 640	Pyelitis and pyelonephritis of pregnancy ..	..	..	..	..
	(b) 641	Other infections of genito-urinary tract during pregnancy ..	..	20	..	20
	(c) 681	Sepsis of childbirth and the puerperium ..	..	13	..	13
	(d) 682	Puerperal phlebitis and thrombosis ..	..	..	..	..
	(e) 684	Puerperal pulmonary embolism ..	..	..	..	..
		<i>Carried forward</i> ..	186,616	134,887	205,376	526,879

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	186,616	134,887	205,376	526,879
		XI.—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM—(cont.)				
A 116	(a) 642	(a) Albuminuria of pregnancy .. .. ..	..	10	..	10
		(b) Eclampsia of pregnancy .. .. ..	..	5	..	5
		(c) Hyperemesis gravidarum .. .. ..	..	5	..	5
		(d) Acute yellow atrophy of liver .. .. ..	..	1	..	1
		(e) Other toxæmias of pregnancy .. .. ..	..	1	..	1
	(b) 652	Abortion with toxæmia, without mention of sepsis .. .. ..	..	14	..	14
	(c) 685	Puerperal eclampsia .. .. ..	..	525	..	525
	(d) 686	Other forms of puerperal toxæmia .. .. ..	..	27	24	94
A 117	(a) 643	Placenta praevia .. .. ..	..	8	..	8
	(b) 644	Other haemorrhage of pregnancy .. .. ..	..	327	2,832	3,159
	(c) 670	Delivery complicated by placenta praevia or antepartum haemorrhage .. .. ..	..	26	14	40
	(d) 671	Delivery complicated by retained placenta .. .. ..	..	29	21	53
	(e) 672	Delivery complicated by other post-partum haemorrhage .. .. ..	..	236	..	236
A 118	650	Abortion without mention of sepsis or toxæmia .. .. ..	..	436	..	436
A 119	651	Abortion with sepsis .. .. ..	..	..	..	..
A 120	(a) 645	Ectopic pregnancy .. .. ..	..	..	..	..
	(b) 646	Anæmia of pregnancy .. .. ..	..	..	..	..
	(c) 683	Pyrexia of unknown origin during the puerperium .. .. ..	..	..	..	..
	(d) 688.1	Puerperal psychoses .. .. ..	..	..	..	..
	(e) 689	Mastitis and other disorders of lactation .. .. ..	..	..	..	..
	(f) 647-649	Other complications of pregnancy, child-birth and the puerperium	16,165	7,703	15,430	39,298
	673-680					
	687					
	688.0					
	688.2-688.3	Delivery without complications .. .. ..	..	..	..	..
	(g) 660					
		XII.—DISEASES OF THE SKIN AND CELLULAR TISSUE AND				
		XIII.—DISEASES OF THE BONES AND ORGANS OF MOVEMENT				
A 121	(a) 690	Boil and carbuncle	801	407	936	2,144
	(b) 691-693	Cellulitis and abscess	1,020	561	899	2,480
	(c) 694-698	Other infections of skin and subcutaneous tissue	16,165	7,703	15,430	39,298
A 122	(a) 720	Acute arthritis due to pyogenic organisms	43	27	24	94
	(b) 721	Acute nonpyogenic arthritis	8	8	..	16
	(c) 722	Rheumatoid arthritis and allied conditions	38	21	7	66
	(d) 723-725	Arthritis specified and unspecified	534	327	..	861
A 123	(a) 726	Muscular rheumatism	887	670	2	1,559
	(b) 727	Rheumatism unspecified	4,018	2,832	92	6,942
A 124	730	Osteomyelitis and periostitis	26	14	..	40
A 125	(a) 737	Ankylosis of joint	29	21	3	53
	(b) 745-749	Other acquired musculoskeletal deformities .. .. ..	..	..	..	..
A 126	(a) 715	Chronic ulcer of skin (including tropical ulcer)	5,075	2,557	5,597	13,229
	(b) 700-714	All other diseases of skin	30,938	15,018	34,968	80,924
	716	All other diseases of musculoskeletal system	1,702	1,159	157	3,018
	731-736					
	738-744					
		<i>Carried forward</i> ..	247,900	167,465	263,491	678,856

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	247,900	167,465	263,491	678,856
XIV.—CONGENITAL MALFORMATIONS						
A 127	751	Spine bifida and meningocele ..				
A 128	754	Congenital malformations of circulatory system ..				
A 129	(a) 750	Monstrosity				
	(b) 752	Congenital hydrocephalus ..				
	(c) 753	Other congenital malformations of nervous system and sense organs ..				
	(d) 755	Cleft palate and harelip ..	..	..	13	13
	(e) 756	(a) Congenital hypertrophic pyloric stenosis .. .. .. ..	..	..	1	1
		(b) Imperforate anus ..				
		(c) Other congenital malformations of digestive system ..				
	(f) 757	Congenital malformations of genito-urinary system ..				
	(g) 758	Congenital malformations of bone and joint ..				
	(h) 759	Other and unspecified congenital malformations, not elsewhere classified ..	14	8	44	66
XV.—CERTAIN DISEASES OF EARLY INFANCY						
A 130	(a) 760	Intracranial and spinal injury at birth ..				
	(b) 761	Other birth injury ..				
A 131	762	Postnatal asphyxia and atelectasis ..				
A 132	(a) 764	Diarrhoea of newborn .. .. ..	..	..	64	64
	(b) 765	Ophthalmia neonatorum .. ..	..	..
	(c) 763	Pneumonia of newborn .. ..	..	..
	(d) 766	Pemphigus neonatorum .. ..	..	..	4	4
	(e) 767	Umbilical sepsis .. ..	..	..	114	114
	(f) 768	Other sepsis of newborn .. ..	..	..
A 133	770	Haemolytic disease of newborn ..				
A 134	769	All other defined diseases of early infancy ..	..	..	6	6
A 135	(a) 771-772 } 773	Congenital debility .. .. ..	..	..	7	7
	(b) 774	Premature birth ..	..	..
	(c) 775-776	Other ill-defined diseases peculiar to early infancy and immaturity unqualified .. .. ..	..	..	82	82
XVI.—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS						
A 136	794	Senility without mention of psychoses ..	2,767	2,076	..	4,843
A 137	(a) 780	Infantile convulsions .. ..	..	..	16	16
	(b) 788.8	Pyrexia of unknown origin	1,921	964	2,149	5,034
	(c) 793	Observation, without need for further medical care	161	110	107	378
	(d) 781-787 } 789-792	(a) Malingering	6	2	..	8
	795	(b) Sudden death (cause unknown) ..				
	788.1-788.7 } 788.9	(c) Found dead (cause unknown) ..				
		(d) Other ill-defined and unknown causes of morbidity and mortality ..	733	449	662	1,844
		<i>Carried forward</i> ..	253,502	171,074	266,760	691,336

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Inter- mediate list Number	Detailed list Number	Cause Groups (Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	253,502	171,074	266,760	691,336
		XVII.—ACCIDENTS, POISONINGS AND VIOLENCE				
		“E” CODE : ALTERNATIVE CLASSIFI- CATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSES)				
AE 138	E 810-E 835	Motor vehicle accidents	15	6	3	24
AE 139 (a)	E 800-E 802	Railway accidents				
(b)	E 850-E 858	Water transport accidents	14	1	5	20
(c)	E 860-E 866	Aircraft accidents				
(d)	E 840-E 845	Other transport accidents	170	58	216	444
AE 140 (a)	E 870	Accidental poisoning by morphia and other opium derivatives				
(b)	E 874	Accidental poisoning by other analgesic and soporific drugs				
(c)	E 878	Accidental poisoning by other and unspecified drugs				
(d)	E 883	Accidental poisoning by corrosive aromati- c acids and caustic alkalies				
(e)	E 884	Accidental poisoning by mercury and its compounds				
(f)	E 885	Accidental poisoning by lead and its compounds	5	3	..	8
(g)	E 886	Accidental poisoning by arsenic and antimony and their compounds	15	11	..	26
(h)	E 888	Accidental poisoning by other and unspecified solid or liquid substances	12	2	44	58
(i)	E 890-E 895	Accidental poisoning by gases and vapours	1	..	1	2
(j)	E871-E873 E875-E877 E879-E882 E 887	Other accidental poisoning	9	..	1	10
AE 141	E 900-E 904	Accidental falls	4,798	2,243	4,289	11,330
AE 142	E 912	Accident caused by machinery	55	18	65	138
AE 143	E 916	Accident caused by fire and explosion of combustible material	95	87	162	344
AE 144	E 917-E 918	Accident caused by hot substance, corro- sive liquid, steam and radiation	96	89	123	308
AE 145	E 919	Accident caused by firearm	4	..	..	4
AE 146	E 929	Accidental drowning and submersion				
AE 147 (a)	E 913	Accidents caused by cutting or piercing instruments	7,147	3,781	4,974	15,902
(b)	E 914	Accidents caused by electric current				
(c)	E 920	Foreign body entering eye and adnexa	6	2	8	16
(d)	E 923	Foreign body entering other orifice .. .. ..	..	..	1	1
(e)	E 925	Accidental mechanical suffocation				
(f)	E 926	Lack of care of infants under one year of age .. .. ..	..	..	19	19
(g)	E 927	Accidents caused by bites and stings of venomous animals and insects	296	178	283	757
(h)	E 928	Other accidents caused by animals	352	107	166	625
(i)	E 931	Excessive heat	2	1	3	6
(j)	E 932	Excessive cold				
(k)	E 933	Hunger, thirst and exposure	6	..	10	16
(l)	E 934	Cataclysm				
(m)	E 935	Lightning				
(n)	E 936	(a) Accidents in mines and quarries	4	..	..	4
		(b) Agricultural and forestry accidents	269	84	109	462
		(c) Accidental injury by crushing or landslide	238	89	84	411
		(d) Other and unspecified accidents	406	202	250	858
(o)	E 940	Generalized vaccinia following vaccina- tion	6	3	447	456
(p)	E 941-E 942	Other complications of smallpox vaccina- tion .. .. ..	..	..	174	174
(q)	E950-E953 } E955-E959 }	Accidents due to medical or surgical intervention				
(r)	E 954	Anaesthetic accidents				
		<i>Carried forward</i> ..	267,523	178,039	278,197	723,759

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Intermediate list Number	Detailed list Number	Cause Groups—(Diseases)	New Cases All Nationalities (including Europeans)			
			Adult Males	Adult Females	Children under 10 years	Total
		<i>Brought forward</i> ..	267,523	178,039	278,197	723,759
		XVII.—ACCIDENTS, POISONINGS AND VIOLENCE—(cont.)				
		“E” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSES)—(cont.)				
(s)	E910-E911 E 915 E921-E922 E924-E930 E963-E966 } AE 148 (a) E 970	All other accidental causes	203	50	150	403
(b)	E 971	Suicide and self-inflicted injury by analgesic and soporific substances ..				
(c)	E 972	Suicide and self-inflicted injury by other solid and liquid substances ..				
(d)	E 973	Suicide and self-inflicted injury by gases in domestic use ..				
(e)	E 974	Suicide and self-inflicted injury by other gases ..				
(f)	E 975	Suicide and self-inflicted injury by hanging or strangulation ..				
(g)	E 976	Suicide and self-inflicted injury by submersion (drowning) ..				
(h)	E 977	Suicide and self-inflicted injury by firearms and explosives ..				
(i)	E 978	Suicide and self-inflicted injury by cutting or piercing instruments ..				
(j)	E 979	Suicide and self-inflicted injury by jumping from high place ..				
AE 149 (a)	E 980	Suicide and self-inflicted injury by other and unspecified means ..				
(b)	E 981	Nonaccidental poisoning by another person ..				
(c)	E 982	Assault by firearms and explosive ..				
(d)	E 983	Assault by cutting or piercing instruments ..	8	3		12
(e)	E 984	Assault by other means ..	4	2	..	6
(f)	E 985	Injury by intervention of police ..				
AE 150	E 990-E 999	Execution (legal) ..				
		Injury resulting from operations of war				
		“N” CODE : ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONING AND VIOLENCE (NATURE OF INJURY)				
AN 138	N 800-N 804	Fracture of skull				
AN 139	N 805-N 809	Fracture of spine and trunk				
AN 140	N 810-N 829	Fracture of limbs	1	1	..	2
AN 141	N 830-N 839	Dislocation without fracture	4	..	1	5
AN 142	N 840-N 848	Sprains and strains of joints and adjacent muscles	994	464	431	1,889
AN 143	N 850-N 856	Head injury excluding fracture			2	2
AN 144	N 860-N 869	Internal injury of chest, abdomen and pelvis .. ..		..
AN 145	N 870-N 908	Laceration and open wounds	452	188	381	1,021
AN 146	N 910-N 929	Superficial injury, contusion and crushing with intact skin surface	432	242	385	1,059
AN 147	N 930-N 936	Effects of foreign body entering through orifice			1	1
AN 148	N 940-N 949	Burns	281	196	448	925
AN 149	N 960-N 979	Effects of poisons	16	21	4	41
AN 150	N950-N959 } N980-N999 }	All other and unspecified effects of external causes	901	570	657	2,128
		TOTAL ..	270,819	179,776	280,658	731,253

TABLE 7—(cont.)

OUT-PATIENTS (TRAVELLING DISPENSARIES)—(cont.)

RETURN OF DISEASES FOR THE YEAR 1952—(cont.)

Nationalities	New Cases All Nationalities (including Europeans)				Total (A)
	Adult Males	Adult Females	Children under 10 years		
Europeans	13	1	..		14
Eurasians	29	14	17		60
Chinese	72,385	55,693	83,379		211,457
Indians	19,440	11,990	16,555		47,985
Malays	160,887	101,803	167,379		430,069
Javanese	8,719	4,389	7,274		20,382
Japanese					
Others	9,346	5,886	6,054		21,286
	TOTAL ..	270,819	179,776	280,658	731,253

TABLE 9
MICROSCOPICAL EXAMINATIONS OF BLOOD FILMS
FOR THE YEAR 1952

State/Settlement	Number of patients examined	NUMBER POSITIVE FOR MALARIAL PARASITES				Total number of examinations of blood films
		S.T.	B.T.	Quartan	Mixed infection	
Kedah	20,467	1,907	883	16	32	21,661
Perlis	7,531	749	777	3	16	7,698
Penang & Province Wellesley ..	15,869	380	341	18	6	15,714
Perak	53,002	1,205	581	11	11	84,716
Selangor	38,644	772	444	21	16	66,095
Negri Sembilan ..	19,625	1,060	225	11	27	28,345
Malacca	8,224	428	99	2	9	9,002
Johore	18,955	587	297	6	132	19,985
Kelantan	11,392	1,433	470	18	12	12,794
Trengganu	3,477	259	173	2	10	3,899
Pahang	21,002	1,052	345	1	12	36,636
Total ..	218,188	9,832	4,635	109	283	306,545

TABLE 10
MICROSCOPICAL EXAMINATION OF FAECES FOR WORM INFECTIONS FOR 1952

State/Settlement	Number of patients examined	Number positive for entamoeba histolytica	NUMBER POSITIVE FOR OVA			Total number of examinations
			Ascaris lumbricoides	Ankylostoma duodenale	Mixed infection	
Kedah	13,384	209	4,248	3,260	1,418	14,512
Perlis	1,944	15	978	133	110	2,008
Penang & Province Wellesley ..	14,520	254	3,753	2,425	932	15,809
Perak	43,177	315	7,537	3,304	1,636	57,725
Selangor	31,096	152	8,862	3,235	2,580	38,574
Negri Sembilan ..	15,004	47	2,804	1,186	484	16,667
Malacca	6,205	47	650	899	2,864	7,330
Johore	15,663	221	4,346	1,866	2,428	16,175
Kelantan	6,799	94	1,440	316	1,399	7,408
Trengganu	2,269	73	763	384	446	3,831
Pahang	10,786	27	2,004	250	298	19,571
Total ..	160,847	1,454	37,385	17,258	14,595	199,610

TABLE 11
POST MORTEM EXAMINATIONS, 1952

	State or Settlement						Medico-legal	Clinical
Kedah	238	2
Perlis	28	2
Penang and Province Wellesley	270	12
Perak	816	62
Selangor	636	30
Negri Sembilan	348	10
Malacca	142	7
Johore	654	71
Kelantan	83	1
Trengganu	110	5
Pahang	295	10
						Total ..	<hr/> 3,620	<hr/> 212

TABLE 12
RETURN OF VENEREAL DISEASES FOR THE YEAR 1952
A.—NEW CASES

Nationalities	SYPHILIS				Gonorrhoea	Chan-croid	Lympho-gran	Comb. infec.	Non-venrl.	TOTAL	
	Prim.	Sec.	Tert.	Congen.						M.	F.
Chinese											
M.	111	1,133	234	50	1,346	496	66	42	928	4,406	—
F.	48	537	113	145	229	2	—	16	1,676	—	2,766
Indians											
M.	148	813	213	29	777	484	89	68	713	3,334	—
F.	48	507	44	85	91	4	1	6	944	—	1,730
Malays											
M.	169	1,369	234	31	1,528	136	39	42	713	4,261	—
F.	53	568	127	85	212	1	—	15	671	—	1,732
Europeans											
M.	5	3	1	—	80	10	1	—	56	156	—
F.	—	—	—	—	—	—	—	—	26	—	26
Others											
M.	6	31	12	1	38	11	—	—	34	133	—
F.	1	35	5	3	5	—	—	—	3	29	—
Total	M.	439	3,349	694	111	3,769	1,137	195	152	2,444	12,290
	F.	150	1,647	289	318	537	7	1	40	3,346	—
											6,335
											GRAND TOTAL .. 18,625

TABLE 12—(*cont.*)
RETURN OF VENEREAL DISEASES FOR THE YEAR 1952-

B.—RE-ATTENDANCES

TABLE 12—(cont.)
 RETURN OF VENEREAL DISEASES FOR THE YEAR 1952—(cont.)
 C.—ANALYSIS OF COMBINED INFECTIONS—NEW CASES ONLY

	CHINESE		INDIANS		MALAYS		EUROPEANS		OTHERS		TOTAL	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
With Syphilis ..	41	16	65	6	35	15	—	—	—	—	141	40
With Gonorrhœa ..	34	16	61	6	37	15	—	—	—	—	132	40
With Chancreoid ..	5	—	—	6	—	—	9	—	—	—	—	20
With Lymphogranuloma ..	4	—	—	4	—	—	3	—	—	—	—	11

TABLE 13
SUMMARY OF CHILD WELFARE CENTRES, 1952

State/ Settlement	Permanent Centres	Subsidiary Centres	MEDICAL OFFICERS		Health Nursing Sisters	Health Nurses	Dispensers or Hospital Assistants	Midwives	Others					
			Women	Men										
Kedah	5	63	—	—	4	10	34					
Perlis	2	—	—	1 (P.T.)	—	1	—					
Penang and Province Wellesley	28	—	1	—	3	15	5					
Perak	9	—	1	—	8	21	27					
Selangor	7	8	1	—	6	16	1 (D.N.)					
Negri Sembilan	8	1	3 (2 P.T.)	—	6	3	43					
Malacca	12	—	1	—	1	7	—					
Johore	5	40	2	3 (P.T.)	5 (1 P.T.)	9	—					
Kelantan	7	—	—	—	1	2	22					
Trengganu	4	—	—	1 (P.T.)	—	2	—					
Pahang	7	130	—	—	4	7	7					
Total	94	242	10	4	39	101	197					
									1 (D.N.)					

P.T.—Part Time. D.N.—Dental Nurse.

TABLE 14
SUMMARY OF DISPENSARIES, 1952

State/ Settlement	Total number	Fixed	TRAVELLING		Medical Officers	Health Nursing Sisters	Dispensers or Hospital Assistants	Midwives	Others					
			Road											
			River											
Kedah	17	14	3	—	—	—	—					
Perlis	8	6	2	—	—	—	—					
Penang and Province Wellesley	10	7	3	—	—	—	1 (D.N.)					
Perak	41	23	15	3	2	3	10					
Selangor	37	27	10	—	—	3	—					
Negri Sembilan	19	12	7	—	—	—	—					
Malacca	15	10	5	—	—	—	—					
Johore	38	22	13	3	3 (P.T.)	1	17					
Kelantan	10	6	2	—	—	—	—					
Trengganu	15	8	5	2	4 (1 P.T.)	1	12					
Pahang	29	15	8	6	—	—	—					
Total ..	239	150	73	16	27	8	16	217	5 (D.N.)					

P.T.—Part Time. D.N.—Dental Nurse.

TABLE 15

ESTABLISHMENT—MEDICAL DEPARTMENT
FEDERATION OF MALAYA

AS AT 1ST JANUARY, 1953

(F)=Federal. (S)=State or Settlement.

(N.P.)=New Post (Underlined).

MEDICAL

SUPERSCALE POSTS 94—

The Superscale posts include three higher administrative posts. The remaining superscale posts number 91 and not more than 33 of them will normally be filled by officers recruited by the Secretary of State and 15 Specialists on contract for 3 or 7 years.

Director, Medical Services	...	...	...	(F)	1
Deputy Director, Medical Services	...	...	...	(F)	1
Director, Institute for Medical Research	...	...	...	(F)	1

ADMINISTRATIVE OFFICERS, GRADE "A" 13—

Assistant Director, Medical Services	...	...	...	(F)	
Assistant Director, Medical Services	...	...	...	(F)	(N.P.)
<u>Assistant Director, Medical Services</u>	...	...	...	(F)	(N.P.)
Supernumerary Administrative Medical Officer	...	...	...	(F)	(N.P.)
Principal Medical Officer, Johore	...	...	...	(S)	
State Surgeon, Kedah	...	...	...	(S)	
Chief Medical Officer, Kelantan	...	...	...	(S)	
Chief Medical Officer, Malacca	...	...	...	(S)	
Chief Medical Officer, Penang	...	...	...	(S)	
State Medical and Health Officer, Negri Sembilan	...	...	...	(S)	
State Medical and Health Officer, Pahang	...	...	...	(S)	
State Medical and Health Officer, Perak	...	...	...	(S)	
State Medical and Health Officer, Selangor	...	...	...	(S)	

SPECIALIST OFFICERS, GRADE "A" 7—

Medical Superintendent, Central Mental Hospital, Tanjong Rambutan	...	...	...	...	(F)
Medical Superintendent, Sungei Buloh Leper Settlement, Sungei Buloh	...	...	...	...	(F)
Ophthalmologist, Selangor	...	...	...	...	(S)
Physician, (Federal)	...	...	...	...	(F)
Radiologist, Selangor	...	...	...	...	(S)
Senior Bacteriologist, I.M.R., Kuala Lumpur	...	...	...	...	(F)
Surgeon, Selangor	...	...	...	...	(S)

ADMINISTRATIVE OFFICERS, GRADE "B" 13—

Chief Medical Officer, Trengganu	...	...	...	(S)	
Deputy Chief Medical Officer, Penang	...	...	...	(F)	
Deputy Principal Medical Officer, Johore	...	...	...	(S)	
Deputy State Medical and Health Officer, Perak	...	...	...	(S)	

TABLE 15—(cont.)

Deputy State Medical and Health Officer, Selangor	...	...	...	...	...	...	(S)
Deputy State Surgeon, Kedah	...	...	...	...	...	...	(S)
Medical Superintendent, General Hospital, Johore Bahru	...	...	...	...	...	...	(S)
Medical Superintendent, General Hospital, Kuala Lumpur	...	...	...	...	...	...	(S)
Medical Superintendent, General Hospital, Seremban	...	...	...	...	...	...	(S) (N.P.)
Senior Health Officer, Kelantan	...	...	...	...	...	...	(S)
Senior Health Officer, Malacca	...	...	...	...	...	...	(S)
Senior Health Officer, Penang	...	...	...	...	...	...	(S)
Senior Health Officer, Perak	...	...	...	...	...	...	(S)

SPECIALIST OFFICERS, GRADE "B" 58—

Anaesthetists 2—

Anaesthetist, Johore	...	...	...	...	...	(S)
Anaesthetist, Selangor	(S)

Child Health Specialist 1—

Child Health Specialist, Federal	(F)
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Ear, Nose and Throat Specialist 1—

Ear, Nose and Throat Specialist, Perak	(S)
----------------------------------------	-----	-----	-----	-----	-----	-----

Obstetricians 5—

Obstetrician, Johore	...	...	...	...	...	(S)
Obstetrician, Kedah	...	...	...	...	...	(S) (N.P.)
Obstetrician, Penang	...	...	...	...	...	(F)
Obstetrician, Perak	...	...	...	...	...	(S)
Obstetrician, Selangor	...	...	...	...	...	(S)

Ophthalmologists 5—

Ophthalmologist, Johore	...	...	...	...	...	(S)
Ophthalmologist, Kedah	...	...	...	...	...	(S)
Ophthalmologist, Negri Sembilan	...	...	...	...	...	(S) (N.P.)
Ophthalmologist, Penang	...	...	...	...	...	(F)
Ophthalmologist, Perak	...	...	...	...	...	(S)

Physicians 7—

Physician (Dermatology and V.D.) Federal	...	...	...	...	...	(F)
Physician and Radiologist, Kedah	...	...	...	...	...	(S)
Physician, Johore	...	...	...	...	...	(S)
Physician, Negri Sembilan	...	...	...	...	...	(S)
Physician, Penang (Upgraded)	...	...	...	...	...	(F) (N.P.)
Physician, Perak	...	...	...	...	...	(S)
Physician, Selangor	...	...	...	...	...	(S)

Radiologists 4—

Radiologist, Johore	...	...	...	...	...	(S) (N.P.)
Radiologist, Negri Sembilan	...	...	...	...	...	(S)
Radiologist, Penang	(F)
Radiologist, Perak	(S)

Senior Pathologist 1—

Senior Pathologist, Johore	(S)
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TABLE 15—(*cont.*)

Senior Research Officers 5—

Senior Malaria Research Officer	(F)
Senior Nutritional Research Officer	...	...	...	(F)
Senior Pathologist	...	...	...	(F)
Senior Pathologist	...	...	...	(F)
Senior Pathologist	...	...	...	(F)

Surgeons 9—

Surgeon, Johore	...	...	...	...	(S)
Surgeon, Kedah	...	...	...	...	(S)
Surgeon, Kelantan	...	...	...	...	(S)
Surgeon, Malacca	...	...	...	...	(S)
Surgeon, Negri Sembilan	...	...	...	...	(S)
Surgeon, Pahang	...	...	...	...	(S)
Surgeon, Penang	...	...	...	...	(F)
Surgeon, Perak	...	...	...	...	(S)
Surgeon, Selangor	...	...	...	...	(S)

Tuberculosis Specialists 3—

Tuberculosis Specialist, Federal	...	...	...	(F)
Tuberculosis Specialist, Perak	...	...	...	(S)
Tuberculosis Specialist, Selangor	...	...	...	(S)

Specialist Officers (On Contract) 15

...

(F)

(N.P.)

TIMESCALE MEDICAL AND HEALTH OFFICERS 245—

(Of the 245 Timescale Medical and Health Officers the number of Expatriate Officers recruited by the Secretary of State will not exceed 83. The remaining posts will be filled by officers recruited in Malaya).

Research Fellows in Tropical Medicine	2
House Surgeons	20

DENTAL

SUPERSCALE GRADE "A" 1—

Chief Dental Officer	(F)
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SUPERSCALE GRADE "B" 2—

Specialist Officer (Dental) Federal	(F)
Specialist Officer (Dental) Johore	(S)

TIMESCALE POSTS (DENTAL) 51—

(Of these, Dental Officers recruited by the Secretary of State will not exceed 4).

House Surgeon (Dental)	8
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RESEARCH OFFICERS (Non-Medical)

(All these officers are now recruited by the Secretary of State)

SPECIALIST OFFICERS, GRADE "B" 2—

Senior Biochemist	...	...	...	...	(F)
Senior Entomologist (Upgraded)	...	...	...	...	(F) (N.P.)
Biochemists (Timescale)	...	...	...	...	(F) 2
Entomologist (Timescale)	...	...	...	...	(F) 1

PHARMACEUTICAL

(Three recruited by the Secretary of State)

Chief Pharmaceutical Chemist, Superscale Grade "B"	(F)	1
Superintending Pharmaceutical Chemists and Pharmacists	...	5

TABLE 15—(cont.)

NURSING

(In the group of Matrons, Nursing Sisters and Health Sisters, Expatriate Officers recruited by the Secretary of State will not exceed 115).

Principal Matron	...	...	...	...	1
Matron, Grade I	...	...	...	...	9
Matrons, Grade II	...	...	...	...	15
Senior Sister-Tutor	...	...	...	...	1
Sister-Tutors	...	...	...	...	11
Sister-Tutors (Dental)	...	...	...	...	1
Nursing Sisters	...	...	...	...	145
Dental Sisters	...	...	...	...	2
Dental Sisters (Supernumerary)	...	...	...	...	2
Health Matrons, Grade I	...	...	...	...	3
Health Sisters, Grade II	...	...	...	...	7
Health Sisters	...	...	...	...	46
					—
				Total	243

Other appointments which may be filled by Recruitment by the Secretary of State.

Women Almoners	...	...	...	...	5
Women Dietitians	...	...	...	...	2
Women Radiographers	...	...	...	...	4
Women Physiotherapists	...	...	...	...	7
				Total	18
					—
Men: Superintendent, Orthopædic Centre	...	...	...	...	1
Senior Male Nurses, Mental Hospital	...	...	...	...	2
Male Nurse, Mental Hospital	...	...	...	...	1
				Total	4

The foregoing statement covers duty posts only, and makes no provision for Leave Reserves.

Trained Hospital and Public Health Staff.

The following groups are all recruited in Malaya:

Lay Superintendent (Leper and Tuberculosis Settlements)	...	...	...	...	2
Chief Sanitary Inspectors	...	...	...	...	5
Hospital Assistants, Superscale	...	...	...	...	15
Laboratory Assistants, Superscale	...	...	...	...	2
Field Nutrition Officer	...	...	...	...	1
Pharmacists	...	...	...	...	12
Radiographers (Hospital Assistants)	...	...	...	...	4
Health and Sanitary Inspectors	...	...	...	...	149
Laboratory Assistants	...	...	...	...	75
X-Ray Assistants	...	...	...	...	25
Dental Mechanics	...	...	...	...	33
Hospital Assistants	...	...	...	...	1,157
Nurses	...	...	...	...	1,438
Assistant Nurses	...	...	...	...	233
Midwives	...	...	...	...	531

TABLE 15—(cont.)

DETAILS OF STAFFING AS AT 1ST JANUARY, 1953

Establishment	Substantive holder in post	Substantive holder on leave	Temporary	Post vacant
SUPERSCALE MEDICAL . .	94			49
Asians—				
Men	13	1	—	—
Women	—	—	—	—
Europeans—				
Men	31	4	—	—
Women	1	—	—	—
	45	5	—	49
TIMESCALE MEDICAL				
OFFICERS	245			17
Asians—				
Men	70	9	72	—
Women	3	—	8	—
Europeans—				
Men	59	6	—	—
Women	8	—	8	—
Leave Reserve . .	26	140	15	88
				17
Research Students . .	2			2
House Surgeons . .	20			11
Asians—				
Men	9	—	—	—
Women	—	—	—	—
SUPERSCALE DENTAL . .	3			—
Asians—				
Men	1	—	—	—
Europeans—				
Men	2	—	—	—
	3	—	—	—
TIMESCALE DENTAL				
OFFICERS	51			19
Asians—				
Men	29	2	—	—
Women	—	—	1	—
Europeans—				
Men	—	—	1	—
Women	—	—	1	—
Leave Reserve . .	1	29	2	3
				19

TABLE 15—(cont.)

DETAILS OF STAFFING AS AT 1ST JANUARY, 1953—(cont.)

Establishment	Substantive holder in post	Substantive holder on leave	Temporary	Post vacant
House Surgeons (Dental)	8			3
Asians—				
Men	5	—	—	—
Women	—	—	—	—
RESEARCH OFFICERS (NON-MEDICAL) :				
Superscale	2			1
European (Men)	1	—	—	—
Timescale	3			—
Europeans—				
Men	2	—	—	—
Women	1	—	—	—
	4	—	—	1
PHARMACEUTICAL :				
Superscale	1			—
Europeans (Men)	1	—	—	—
Timescale	5			2
Asians (Men)	1	—	—	—
Europeans (Men)	2	—	—	—
Leave Reserve ..	1	4	—	2
NURSING :				
Principal Matron ..	1	1	—	—
Matrons, Grade I ..	9	8	2	—
Matrons, Grade II ..	15	13	1	—
Sister Tutors ..	13			3
Asians (Women)	4	—	1	—
Europeans (Women)	5	1	—	—
Nursing Sisters ..	145			20
Asians (Women)	46	2	10	—
Europeans (Women)	46	6	23	—
Dental Sisters ..	2			—
Asians (Women)	2	—	—	—
Europeans (Women)	—	—	—	—
Dental Sisters—				
(Supernumerary) ..	2			—
Europeans (Women)	2	—	—	—
Health Matrons, Grade I ..	3	3	1	—
Health Matrons, Grade II ..	7	2	1	—
Health Sisters ..	46			20
Asians (Women)	4	—	2	—
Europeans (Women)	14	—	6	—
Leave Reserves ..	24	—	—	—

TABLE 15—(*cont.*)DETAILS OF STAFFING AS AT 1ST JANUARY, 1953—(*cont.*)

Establishment	Sub-stantive holder in post	Sub-stantive holder on leave	Tempo- rary	Post vacant
OTHER APPOINTMENTS :				
(All European Women)—				
Almoners	5	2	—	1
Dietitians	2	1	—	1
Radiographers	4	2	—	2
Physiotherapists	7	4	—	1
Superintendent, Orthopaedic				
Appliance Centre	1	—	—	—
European (Men)	—	1	—	—
Mental Hospital :				
Senior Male Nurses	2	—	—	—
Europeans (Men)	—	2	—	—
Male Nurse	1	—	—	—
Asians (Men)	—	1	—	—

